

# **Health and Human Services Appropriations Bill LSB 5014**

Last Action:

**House Appropriations  
Subcommittee**

April 14, 2016

**An Act relating to appropriations for health and human services and veterans and including other related provisions and appropriations, and including effective date and retroactive and other applicability date provisions.**

**Fiscal Services Division  
Legislative Services Agency**

## **NOTES ON BILLS AND AMENDMENTS (NOBA)**

Available online at: <https://www.legis.iowa.gov/publications/information/appropriationBillAnalysis>

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**FUNDING SUMMARY**

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**General Fund FY 2017:** Appropriates a total of \$1,837.0 million from the General Fund and 5,050.6 FTE positions to the Department on Aging (IDA), Departments of Public Health (DPH), Human Services (DHS), Veterans Affairs (IVA), and the Iowa Veterans Home (IVH). This is an increase of \$3.5 million and an increase of 221.1 FTE positions compared to estimated FY 2016.

**Other Funds FY 2017:** Appropriates a total of \$439.1 million from other funds. This is an increase of \$7.6 million compared to estimated FY 2016.

**General Fund Supplemental Appropriations for FY 2016:** Provides no net change from the General Fund for FY 2016. The changes include \$15.0 million in deappropriations with all funds being appropriated to Medicaid.

**Standing Appropriations FY 2017:** In addition to the actual appropriations in this bill, the attached tracking includes the following standing appropriations and unappropriated FTE positions that are automatically appropriated in statute:

- \$233,000 to the DPH for the registry for congenital and inherited disorders.
- \$233,000 to the DHS for child abuse prevention.
- \$1,400 to the DHS for the Commission of Inquiry.
- \$143,000 to the DHS for nonresident mental illness commitment.

**NEW PROGRAMS, SERVICES, OR ACTIVITIES**

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*Department of Human Services*

**state Family Planning Services Program:** Requires the DHS to discontinue the Medicaid Family Planning Network Waiver effective July 1, 2016, and create a new state Family Planning Program.

Page 80, Line 11

**Children's Mental Health and Well-Being Workgroup:** Directs the DHS, in cooperation with the Department of Public Health and the Department of Education, to establish a Request for Proposals (RFP) process for the purpose of contracting for two planning grants for the development and implementation of children's mental health crisis services.

Page 92, Line 21

**Nursing Facility Supplemental Payment Program:** Creates a Nursing Facility Supplemental Payment Program to provide a supplemental payment to nursing facilities for various activities. This Program is

Page 101, Line 25

# EXECUTIVE SUMMARY

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## HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

intended to be budget neutral to the state.

### MAJOR INCREASES/DECREASES/TRANSFERS OF EXISTING PROGRAMS

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**Department on Aging:** Appropriates \$11.4 million and 31.0 FTE positions. This is an increase of \$36,000 and an increase of 4.0 FTE positions compared to estimated FY 2016.

Page 1, Line 3

**Office of Long-Term Care Ombudsman:** Appropriates \$1.3 million and 17.0 FTE positions. This is no change in funding and an increase of 2.0 FTE positions compared to estimated FY 2016.

Page 3, Line 11

**Department of Public Health:** Appropriates \$59.5 million and 185.0 FTE positions. This is a decrease of \$196,000 and an increase of 3.0 FTE positions compared to estimated FY 2016. The significant changes include:

Page 3, Line 32

- A decrease of \$275,000 to the Addictive Disorders appropriation.
- An increase of \$976,000 to the Healthy Children and Families appropriation.
- A decrease of \$25,000 to the Chronic Conditions appropriation.
- An decrease of \$1.1 million and an increase of 2.0 FTE positions to the Community Capacity appropriation.
- An increase of \$60,000 and an increase of 1.0 FTE position to the Public Protection appropriation.
- An increase of \$150,000 to the Resource Management appropriation.

**Department of Veterans Affairs and Iowa Veterans Home:** Appropriates \$12.3 million and 15.0 FTE positions. This is no change compared to estimated FY 2016.

Page 21, Line 8

**Department of Human Services:** Appropriates \$1.75 billion from the General Fund and 4,4802.6 FTE positions. This is a decrease of \$3.7 million and a increase of 212.06 FTE positions compared to estimated FY 2016. Significant changes include:

Page 22, Line 23

- A net increase of \$12.1 million for the Medicaid Program.
- A net decrease of \$2.6 million for Medical Contracts.
- A decrease of \$1.4 million for the state Supplementary Assistance Program.
- A net decrease of \$11.2 million for state Children's Health Insurance Program (hawk-i Program).
- A net decrease of \$15.0 million for the Child Care Assistance Program.
- A net increase of \$3.6 million for Child and Family Services.
- A net increase of \$48,000 for the Adoption Subsidy Program.
- An increase of \$17.3 million for the two Mental Health Institutes (MHIs).

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### HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

- A decrease of \$1.3 million for the two state Resource Centers.
- An increase of \$300,000 for the Civil Commitment Unit for Sexual Offenders.
- A decrease of \$4.5 million for Field Operations.
- An increase of \$2.9 million for all DHS facilities.
- An increase of \$500,000 for General Administration.
- An increase of \$3,000,000 for Regional Mental Health Grants.

**Temporary Assistance for Needy Families (TANF) Block Grant:** Appropriates \$146.0 million for FY 2017. This is a net increase of \$11.0 million compared to estimated FY 2016. Page 22, Line 27

**Pharmaceutical Settlement Account:** Appropriates \$1.3 million for FY 2017. This is a decrease of \$702,000 compared to estimated FY 2016. Page 70, Line 33

**Quality Assurance Trust Fund:** Appropriates \$36.7 million for FY 2017. This is an decrease of \$500,000 compared to estimated FY 2016. Page 71, Line 12

### SUPPLEMENTAL APPROPRIATIONS

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**Department of Human Services:** Provides a \$15.0 million General Fund supplemental appropriation for Medicaid for FY 2016, but no net change due to decreases in various appropriations. Page 73, Line 14

### STUDIES AND INTENT

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#### *Department of Human Services*

**Home and Community-Based Services Report:** Requires the DHS to report regarding changes in supported employment and prevocational services to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, Legislative Caucus Staffs, and the LSA. Page 40, Line 28

**Hospital Health Care Access Assessment:** Requires the DHS to explore alternatives to the current hospital assessment methodology and make recommendations to the Governor and the General Assembly by December 15, 2016. Page 79, Line 3

**Medicaid Managed Care Oversight:** Sets up a structure for oversight of the Medicaid Managed Care Program related to consumer protection, outcome achievement, and program integrity and requires various reports back to the Legislature. Page 85, Line 2

**Mental Health and Disability Services Redesign Progress Report:** Requires the DHS to report the progress of Page 111, Line 25

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## HEALTH AND HUMAN SERVICES APPROPRIATIONS BILL

the implementation of the Adult Mental Health and Disability Services System redesign to Governor, and General Assembly by November 15, 2016.

### *Department of Public Health*

**Budget Review:** Requires entities receiving funding through the DPH to submit reports and requires the DPH to review reports and recommend changes in adjusting funding streams to better align with the Department's priorities and goals.

Page 20, Line 14

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### SIGNIFICANT CODE CHANGES

#### *Department of Human Services*

**Hospital Health Care Access Assessment:** Repeals the sunset of the Hospital Health Care Access Assessment Program.

Page 79, Line 2

**Autism Support Program:** Expands eligibility from nine to fourteen years of age and from 400.0% to 500.0% of the federal poverty level for the Autism Support Program. The maximum cost sharing is also increased from 10.0% to 15.0%.

Page 83, Line 28

#### *Department of Public Health*

**Autism Behavior Analyst Grant Program:** Makes changes to the Autism Behavior Analyst and Assistant Behavior Analyst Grant Program related to eligible programs, practicing in Iowa after graduation, award maximums, and required reports.

Page 82, Line 4

**Nursing Residency state Matching Grants Program and Iowa Needs Nurses Now Program:** Eliminates the sunset date for these programs.

Page 96, Line 13

**Care Provider Designation:** Creates a documented process for health care providers, or their agents, to provide a patient with the opportunity to designate a family member or other individual as a person who the provider may discuss the patient's health care information with.

Page 105, Line 6

**Trauma Care Service Categorization:** Grandfathers in any hospital's Trauma Care Service Categorization Level achieved before July 1, 2015, as long as the hospital continues to meet the requirements existing at that time.

Page 109, Line 22

**Opioid Antagonist Authorization Act:** Amends SF 2218 to permit, rather than require, the DPH to adopt

Page 95, Line 33

rules to administer the Opioid Antagonist Authorization Act.

**EFFECTIVE DATE**

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*Department of Human Services*

The Division making deappropriations and a supplemental appropriation to Medicaid is effective on enactment, and retroactive to July 1, 2015. Page 75, Line 17

The Division transferring Decategorization funds to Medicaid is effective on enactment, and retroactive to July 1, 2015. Page 75, Line 34

The Division relating to the Hospital Health Care Access Provider Assessment is effective upon enactment and retroactive to June 30, 2016. Page 80, Line 6

The section requiring the MHDS Commission to submit a progress report on implementation of the adult mental health and disability services redesign is effective upon enactment. Page 85, Line 14

The Division relating to creating a non-state government-owned nursing facility upper payment limit supplemental payment program is effective upon enactment and implementation is contingent on approval from the Center for Medicare and Medicaid Services (CMS). Page 104, Line 30

*Department of Public Health*

The Division eliminating the sunset date for the Nurse Residency state Matching Grant Program and the Iowa Needs Nurses Now Program is effective upon enactment and retroactive to June 30, 2016. Page 101, Line 20

The Division relating to Trauma Care Service Categories is effective upon enactment and applies retroactively to June 30, 2015. Page 110, Line 6

LSB 5014HA provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section
76	7	48	Amend	231E.4.3.a
76	15	49	Amend	222.60A
76	26	50	Amend	249A.12.3.c
77	3	51	Amend	249A.21
79	2	52	Repeal	249M.5
82	4	57	Amend	135.181.1,2
83	14	58	Add	135.181.4
83	28	59	Amend	225D.1.8
84	2	60	Amend	225D.2.2.c,d
95	33	72	Amend	147A.18.5
96	13	74	Amend	135.178
97	10	75	Amend	261.129
101	28	78	Amend	249L.2.6
105	6	82	New	144E.1
106	6	83	New	144E.2
107	15	84	New	144E.3
107	25	85	New	144E.4
108	27	86	New	144E.5
108	33	87	New	144E.6
109	3	88	New	144E.7
109	22	89	Amend	147A.23.2.c

1 1 DIVISION I  
 1 2 DEPARTMENT ON AGING — FY 2016-2017

1 3 Section 1. 2015 Iowa Acts, chapter 137, section 121, is  
 1 4 amended to read as follows:  
 1 5 SEC. 121. DEPARTMENT ON AGING. There is appropriated from  
 1 6 the general fund of the state to the department on aging for  
 1 7 the fiscal year beginning July 1, 2016, and ending June 30,  
 1 8 2017, the following amount, or so much thereof as is necessary,  
 1 9 to be used for the purposes designated:

1 10 For aging programs for the department on aging and area  
 1 11 agencies on aging to provide citizens of Iowa who are 60 years  
 1 12 of age and older with case management for frail elders, Iowa's  
 1 13 aging and disabilities resource center, and other services  
 1 14 which may include but are not limited to adult day services,  
 1 15 respite care, chore services, information and assistance,  
 1 16 and material aid, for information and options counseling for  
 1 17 persons with disabilities who are 18 years of age or older,  
 1 18 and for salaries, support, administration, maintenance, and  
 1 19 miscellaneous purposes, and for not more than the following  
 1 20 full-time equivalent positions:

1 21 .....	\$	5,699,866
1 22 .....		<u>11,436,066</u>
1 23 .....	FTEs	31.00

1 24 1. Funds appropriated in this section may be used to  
 1 25 supplement federal funds under federal regulations. To  
 1 26 receive funds appropriated in this section, a local area  
 1 27 agency on aging shall match the funds with moneys from other  
 1 28 sources according to rules adopted by the department. Funds  
 1 29 appropriated in this section may be used for elderly services  
 1 30 not specifically enumerated in this section only if approved  
 1 31 by an area agency on aging for provision of the service within  
 1 32 the area.

1 33 2. Of the funds appropriated in this section, ~~\$439,973~~  
 1 34 \$279,946 is transferred to the economic development authority  
 1 35 for the Iowa commission on volunteer services to be used for  
 2 1 the retired and senior volunteer program.

2 2 3. a. The department on aging shall establish and enforce  
 2 3 procedures relating to expenditure of state and federal funds  
 2 4 by area agencies on aging that require compliance with both  
 2 5 state and federal laws, rules, and regulations, including but  
 2 6 not limited to all of the following:  
 2 7 (1) Requiring that expenditures are incurred only for goods

General Fund appropriation to the [Department on Aging](#) for FY 2017.

DETAIL: This is a increase of \$36,334 and an increase in 3.98 FTE positions compared to estimated FY 2016. The changes include:

- An increase of \$36,334 to bring the funding level for the Office of Substitute Decision Maker to \$325,000.
- An increase of 3.98 FTE positions to maintain the level the General Assembly appropriated for FY 2016.

Permits the use of funds appropriated in this section to supplement federal funds for elderly services if those services are approved by an Area Agency on Aging (AAA). Requires local AAAs to match the funds for aging programs and services.

Requires a transfer of \$279,946 to the Iowa Commission on Volunteer Services in the Iowa Economic Development Authority for the Retired Senior Volunteer Program (RSVP).

DETAIL: This is no change compared to the FY 2016 allocation.

Requires the Department on Aging to establish and enforce procedures related to expenditures of state and federal funds and to comply with both state and federal law. An AAA is liable for any expenditures that are not in compliance with the law.

2 8 or services received or performed prior to the end of the  
 2 9 fiscal period designated for use of the funds.  
 2 10 (2) Prohibiting prepayment for goods or services not  
 2 11 received or performed prior to the end of the fiscal period  
 2 12 designated for use of the funds.  
 2 13 (3) Prohibiting the prepayment for goods or services  
 2 14 not defined specifically by good or service, time period, or  
 2 15 recipient.  
 2 16 (4) Prohibiting the establishment of accounts from which  
 2 17 future goods or services which are not defined specifically by  
 2 18 good or service, time period, or recipient, may be purchased.  
 2 19 b. The procedures shall provide that if any funds are  
 2 20 expended in a manner that is not in compliance with the  
 2 21 procedures and applicable federal and state laws, rules, and  
 2 22 regulations, and are subsequently subject to repayment, the  
 2 23 area agency on aging expending such funds in contravention of  
 2 24 such procedures, laws, rules and regulations, not the state,  
 2 25 shall be liable for such repayment.

2 26 4. Of the funds appropriated in this section, at least  
 2 27 ~~\$125,000~~ \$250,000 shall be used to fund the unmet needs  
 2 28 identified through Iowa's aging and disability resource center  
 2 29 network.

Allocates at least \$250,000 to be used to meet the unmet needs of older individuals as identified by the Unmet Needs Services Report.

DETAIL: This is no change compared to the FY 2016 allocation.

2 30 5. Of the funds appropriated in this section, at  
 2 31 least ~~\$300,000~~ \$600,000 shall be used to fund home and  
 2 32 community-based services through the area agencies on aging  
 2 33 that enable older individuals to avoid more costly utilization  
 2 34 of residential or institutional services and remain in their  
 2 35 own homes.

Allocates at least \$600,000 to be used for Home and Community-Based Services provided through an AAA.

DETAIL: This is no change compared to the FY 2016 allocation.

3 1 6. Of the funds appropriated in this section, ~~\$406,833~~  
 3 2 \$850,000 shall be used for the purposes of chapter 231E and  
 3 3 section 231.56A, of which ~~\$144,333~~ \$350,000 shall be used for  
 3 4 the office of substitute decision maker pursuant to chapter  
 3 5 231E, and the remainder shall be distributed equally to the  
 3 6 area agencies on aging to administer the prevention of elder  
 3 7 abuse, neglect, and exploitation program pursuant to section  
 3 8 231.56A, in accordance with the requirements of the federal  
 3 9 Older Americans Act of 1965, 42 U.S.C. §3001 et seq., as  
 3 10 amended.

Allocates \$850,000 for the following:

- \$525,000 to administer the prevention of elder abuse, neglect, and exploitation through the Aging and Disability Resource Network.
- 350,000 for the Office of Substitute Decision Maker.

DETAIL: This is an increase of \$36,334 compared to FY 2016 allocation for the Office of Substitute Decision Maker and no change to the Aging and Disability Resource Network.

3 11 DIVISION II  
 3 12 OFFICE OF LONG-TERM CARE OMBUDSMAN — FY 2016-2017

3 13 Sec. 2. 2015 Iowa Acts, chapter 137, section 122, is amended  
 3 14 to read as follows:

General Fund appropriation to the [Office of Long-Term Care](#)

3 15 SEC. 122. OFFICE OF LONG-TERM CARE OMBUDSMAN.  
 3 16 1. There is appropriated from the general fund of the state  
 3 17 to the office of long-term care ombudsman for the fiscal year  
 3 18 beginning July 1, 2016, and ending June 30, 2017, the following  
 3 19 amount, or so much thereof as is necessary, to be used for the  
 3 20 purposes designated:  
 3 21 For salaries, support, administration, maintenance, and  
 3 22 miscellaneous purposes, and for not more than the following  
 3 23 full-time equivalent positions:  
 3 24 ..... \$ 638,394  
 3 25 ..... 1,276,783  
 3 26 ..... FTEs 17.00

[Ombudsman](#) for FY 2017.

DETAIL: This is no change in funding and an increase 2.02 FTE positions compared to estimated FY 2016. The increase of 2.02 FTE positions maintains the level the General Assembly appropriated for FY 2016.

3 27 2. Of the funds appropriated in this section, ~~\$440,000~~  
 3 28 \$220,000 shall be used to continue to provide for additional  
 3 29 local long-term care ombudsmen.

Allocates \$220,000 for up to four local Long-Term Care Ombudsmen to assist the Medicaid Program applicants and enrollees.

DETAIL: This is no change compared to the FY 2016 allocation.

3 30 DIVISION III  
 3 31 DEPARTMENT OF PUBLIC HEALTH — FY 2016-2017  
 3 32 Sec. 3. 2015 Iowa Acts, chapter 137, section 123, is amended

This Division appropriates funds to the Department of Public Health (DPH).

3 33 to read as follows:  
 3 34 SEC. 123. DEPARTMENT OF PUBLIC HEALTH. There is  
 3 35 appropriated from the general fund of the state to the  
 4 1 department of public health for the fiscal year beginning July  
 4 2 1, 2016, and ending June 30, 2017, the following amounts, or  
 4 3 so much thereof as is necessary, to be used for the purposes  
 4 4 designated:

4 5 1. ADDICTIVE DISORDERS  
 4 6 For reducing the prevalence of the use of tobacco, alcohol,  
 4 7 and other drugs, and treating individuals affected by addictive  
 4 8 behaviors, including gambling, and for not more than the  
 4 9 following full-time equivalent positions:  
 4 10 ..... \$ 13,631,845  
 4 11 ..... 26,988,690  
 4 12 ..... FTEs 10.00

General Fund appropriation to [Addictive Disorders](#) programs.

DETAIL: This is a decrease of \$275,000 and no change in FTE positions compared to estimated FY 2016. The decrease in funding is to the Problem Gambling Prevention, Treatment, and Control Program.

4 13 a. (1) Of the funds appropriated in this subsection,  
 4 14 ~~\$2,624,180~~ \$5,248,361 shall be used for the tobacco use  
 4 15 prevention and control initiative, including efforts at the  
 4 16 state and local levels, as provided in chapter 142A. The  
 4 17 commission on tobacco use prevention and control established  
 4 18 pursuant to section 142A.3 shall advise the director of  
 4 19 public health in prioritizing funding needs and the allocation  
 4 20 of moneys appropriated for the programs and initiatives.  
 4 21 Activities of the programs and initiatives shall be in

Allocates \$5,248,361 for tobacco use, prevention, and control initiatives, including Community Partnerships. Directs activities of the Commission on Tobacco Use Prevention and Control to align with U.S. Centers for Disease Control and Prevention best practices.

DETAIL: This is no change compared to the FY 2016 allocation.

4 22 alignment with the United States centers for disease control  
 4 23 and prevention best practices for comprehensive tobacco control  
 4 24 programs that include the goals of preventing youth initiation  
 4 25 of tobacco usage, reducing exposure to secondhand smoke,  
 4 26 and promotion of tobacco cessation. To maximize resources,  
 4 27 the department shall determine if third-party sources are  
 4 28 available to instead provide nicotine replacement products  
 4 29 to an applicant prior to provision of such products to an  
 4 30 applicant under the initiative. The department shall track and  
 4 31 report to the individuals specified in this Act; any reduction  
 4 32 in the provision of nicotine replacement products realized  
 4 33 by the initiative through implementation of the prerequisite  
 4 34 screening.

4 35 (2) (a) ~~Of the funds allocated in this paragraph "a",~~  
 5 1 ~~\$226,533 is transferred to the~~ The department shall collaborate  
 5 2 with the alcoholic beverages division of the department of  
 5 3 commerce for enforcement of tobacco laws, regulations, and  
 5 4 ordinances and to engage in tobacco control activities approved  
 5 5 by the division of tobacco use prevention and control of the  
 5 6 department of public health as specified in the memorandum of  
 5 7 understanding entered into between the divisions.

5 8 (b) For the fiscal year beginning July 1, 2016, and ending  
 5 9 June 30, 2017, the terms of the memorandum of understanding,  
 5 10 entered into between the division of tobacco use prevention  
 5 11 and control of the department of public health and the  
 5 12 alcoholic beverages division of the department of commerce,  
 5 13 governing compliance checks conducted to ensure licensed retail  
 5 14 tobacco outlet conformity with tobacco laws, regulations, and  
 5 15 ordinances relating to persons under ~~eighteen~~ 18 years of  
 5 16 age, shall continue to restrict the number of such checks to  
 5 17 one check per retail outlet, and one additional check for any  
 5 18 retail outlet found to be in violation during the first check.

5 19 b. Of the funds appropriated in this subsection,  
 5 20 ~~\$11,007,664~~ \$21,740,329 shall be used for problem gambling and  
 5 21 substance-related disorder prevention, treatment, and recovery  
 5 22 services, including a 24-hour helpline, public information  
 5 23 resources, professional training, youth prevention, and program  
 5 24 evaluation.

5 25 ~~(1) Of the funds allocated in this paragraph "b", \$9,451,857~~  
 5 26 ~~shall be used for substance-related disorder prevention and~~  
 5 27 ~~treatment.~~

5 28 ~~(a) Of the funds allocated in this subparagraph (1),~~  
 5 29 ~~\$449,650 shall be used for the public purpose of a grant~~  
 5 30 ~~program to provide substance-related disorder prevention~~  
 5 31 ~~programming for children.~~

5 32 ~~(i) Of the funds allocated in this subparagraph division~~

Requires the DPH to collaborate with the Alcoholic Beverages Division (ABD) of the Department of Commerce for enforcement of tobacco laws, regulations, and ordinances per provisions in Iowa Code chapter 63. Limits tobacco compliance checks by the ABD to one annually per retail outlet and one additional check for any retail outlet found to be in violation during the first check.

DETAIL: Does not specify a specific dollar amount compared to the FY 2016 allocation. This will allow the DPH and ABD to work together to agree on funding needs.

Allocates \$21,740,329 for problem gambling and substance abuse treatment and prevention.

DETAIL: This is a decrease of \$275,000 compared to the FY 2016 allocation. Youth prevention is added to the allocation language and all subsequent allocations of this amount are eliminated allowing the DPH more flexibility in funding programs.

5 33 (a), \$213,769 shall be used for grant funding for organizations  
5 34 that provide programming for children by utilizing mentors.  
5 35 Programs approved for such grants shall be certified or must  
6 1 be certified within six months of receiving the grant award  
6 2 by the Iowa commission on volunteer services as utilizing the  
6 3 standards for effective practice for mentoring programs.  
6 4 —(ii)— Of the funds allocated in this subparagraph division  
6 5 (a), \$213,419 shall be used for grant funding for organizations  
6 6 providing programming that includes youth development and  
6 7 leadership services. The programs shall also be recognized as  
6 8 being programs that are scientifically based with evidence of  
6 9 their effectiveness in reducing substance-related disorders in  
6 10 children.  
6 11 —(iii)— The department of public health shall utilize a  
6 12 request for proposals process to implement the grant program.  
6 13 —(iv)— All grant recipients shall participate in a program  
6 14 evaluation as a requirement for receiving grant funds.  
6 15 —(v)— Of the funds allocated in this subparagraph division  
6 16 (a), up to \$22,461 may be used to administer substance-related  
6 17 disorder prevention grants and for program evaluations.  
6 18 —(b)— Of the funds allocated in this subparagraph  
6 19 (1), \$136,301 shall be used for culturally competent  
6 20 substance-related disorder treatment pilot projects.  
6 21 —(i)— The department shall utilize the amount allocated  
6 22 in this subparagraph division (b) for at least three pilot  
6 23 projects to provide culturally competent substance-related  
6 24 disorder treatment in various areas of the state. Each pilot  
6 25 project shall target a particular ethnic minority population.  
6 26 The populations targeted shall include but are not limited to  
6 27 African American, Asian, and Latino.  
6 28 —(ii)— The pilot project requirements shall provide for  
6 29 documentation or other means to ensure access to the cultural  
6 30 competence approach used by a pilot project so that such  
6 31 approach can be replicated and improved upon in successor  
6 32 programs.  
6 33 —(2)— Of the funds allocated in this paragraph “b”, up  
6 34 to \$1,555,807 may be used for problem gambling prevention,  
6 35 treatment, and recovery services.  
7 1 —(a)— Of the funds allocated in this subparagraph (2),  
7 2 \$1,286,881 shall be used for problem gambling prevention and  
7 3 treatment.  
7 4 —(b)— Of the funds allocated in this subparagraph (2), up to  
7 5 \$218,926 may be used for a 24-hour helpline, public information  
7 6 resources, professional training, and program evaluation.  
7 7 —(c)— Of the funds allocated in this subparagraph (2), up  
7 8 to \$50,000 may be used for the licensing of problem gambling  
7 9 treatment programs.  
7 10 —(3)— It is the intent of the general assembly that from the

7 11 moneys allocated in this paragraph "b", persons with a dual  
 7 12 diagnosis of substance-related disorder and gambling addiction  
 7 13 shall be given priority in treatment services.  
 7 14 —c.—Notwithstanding any provision of law to the contrary,  
 7 15 to standardize the availability, delivery, cost of delivery,  
 7 16 and accountability of problem gambling and substance-related  
 7 17 disorder treatment services statewide, the department shall  
 7 18 continue implementation of a process to create a system  
 7 19 for delivery of treatment services in accordance with the  
 7 20 requirements specified in 2008 Iowa Acts, chapter 1187, section  
 7 21 3, subsection 4. To ensure the system provides a continuum  
 7 22 of treatment services that best meets the needs of Iowans,  
 7 23 the problem gambling and substance-related disorder treatment  
 7 24 services in any area may be provided either by a single agency  
 7 25 or by separate agencies submitting a joint proposal.  
 7 26 —(1)—The system for delivery of substance-related disorder  
 7 27 and problem gambling treatment shall include problem gambling  
 7 28 prevention.  
 7 29 —(2)—The system for delivery of substance-related disorder  
 7 30 and problem gambling treatment shall include substance-related  
 7 31 disorder prevention by July 1, 2017.  
 7 32 —(3)—Of the funds allocated in paragraph "b", the department  
 7 33 may use up to \$50,000 for administrative costs to continue  
 7 34 developing and implementing the process in accordance with this  
 7 35 paragraph "e".

8 1 d. The requirement of section ~~423.53~~ 123.17, subsection  
 8 2 5, is met by the appropriations and allocations made in this  
 8 3 division of this Act for purposes of substance-related disorder  
 8 4 treatment and addictive disorders for the fiscal year beginning  
 8 5 July 1, 2016.

8 6 —e.—The department of public health shall work with all  
 8 7 other departments that fund substance-related disorder  
 8 8 prevention and treatment services and all such departments  
 8 9 shall, to the extent necessary, collectively meet the state  
 8 10 maintenance-of-effort requirements for expenditures for  
 8 11 substance-related disorder services as required under the  
 8 12 federal substance-related disorder prevention and treatment  
 8 13 block grant.

8 14 2. HEALTHY CHILDREN AND FAMILIES

8 15 For promoting the optimum health status for children,  
 8 16 adolescents from birth through 21 years of age, and families,  
 8 17 and for not more than the following full-time equivalent  
 8 18 positions:

8 19 ..... \$ 2,308,774  
 8 20 ..... 5,593,774

Updates a Code reference, and specifies the requirements of Iowa Code section [123.17](#) are met by the appropriations made in this Act.

Deletes outdated language.

DETAIL: Several years ago, there was an attempt to use Department of Corrections expenditures for substance abuse treatment of inmates as Maintenance-of-Effort (MOE) for the Substance Abuse Treatment and Prevention Block Grant. This did not work, and the language is not necessary.

General Fund appropriation to [Healthy Children and Families](#) programs.

DETAIL: This is an increase of \$976,231 and no change in FTE positions compared to estimated FY 2016. The increase is for the First Five Program.

8 21 ..... FTEs 12.00

8 22 a. Of the funds appropriated in this subsection, not  
8 23 more than ~~\$367,420~~ \$734,841 shall be used for the healthy  
8 24 opportunities for parents to experience success (HOPES)-healthy  
8 25 families Iowa (HFI) program established pursuant to section  
8 26 135.106. The funding shall be distributed to renew the grants  
8 27 that were provided to the grantees that operated the program  
8 28 during the fiscal year ending June 30, 2016.

Limits the General Fund amount used to fund the Healthy Opportunities to Experience Success - Healthy Families Iowa (HOPES-HFI) Program to \$734,841.

DETAIL: This is no change compared to the FY 2016 allocation. Requires funds to be distributed to the grantees that received funding in FY 2016.

8 29 b. In order to implement the legislative intent stated in  
8 30 sections 135.106 and 256I.9, that priority for home visitation  
8 31 program funding be given to programs using evidence-based or  
8 32 promising models for home visitation, it is the intent of the  
8 33 general assembly to phase in the funding priority in accordance  
8 34 with 2012 Iowa Acts, chapter 1133, section 2, subsection 2,  
8 35 paragraph "0b".

Implements legislative intent for Iowa Code section [35.106](#), HOPES-HFI, and Iowa Code section [256I.9](#), Early Childhood Iowa. Priority for Home Visitation Program funding is to be given to programs using evidence-based or promising models for home visitation.

9 1 c. Of the funds appropriated in this subsection, ~~\$1,099,414~~  
9 2 \$3,175,059 shall be used for continuation of the department's  
9 3 initiative to provide for adequate developmental surveillance  
9 4 and screening during a child's first five years. The funds  
9 5 shall be used first to fully fund the current sites to ensure  
9 6 that the sites are fully operational, with the remaining  
9 7 funds to be used for expansion to additional sites. The full  
9 8 implementation and expansion shall include enhancing the scope  
9 9 of the program through collaboration with the child health  
9 10 specialty clinics to promote healthy child development through  
9 11 early identification and response to both biomedical and social  
9 12 determinants of healthy development; by monitoring child  
9 13 health metrics to inform practice, document long-term health  
9 14 impacts and savings, and provide for continuous improvement  
9 15 through training, education, and evaluation; and by providing  
9 16 for practitioner consultation particularly for children with  
9 17 behavioral conditions and needs. The department of public  
9 18 health shall also collaborate with the Iowa Medicaid enterprise  
9 19 and the child health specialty clinics to integrate the  
9 20 activities of the first five initiative into the establishment  
9 21 of patient-centered medical homes, community utilities,  
9 22 accountable care organizations, and other integrated care  
9 23 models developed to improve health quality and population  
9 24 health while reducing health care costs. To the maximum extent  
9 25 possible, funding allocated in this paragraph shall be utilized  
9 26 as matching funds for medical assistance program reimbursement.

Allocates \$3,381,059 for the Iowa First Five Healthy Mental Development Initiative Programs.

DETAIL: This is an increase of \$976,231 compared to the FY 2016 allocation. The increase will fund full implementation in 65 counties and allow for Community Planning for at least one new area that would cover two counties.

9 27 d. Of the funds appropriated in this subsection, ~~\$37,320~~  
9 28 \$74,640 shall be distributed to a statewide dental carrier to

Allocates \$74,640 for a Donated Dental Services Program for Indigent Elderly and Disabled individuals.

<p>9 29 provide funds to continue the donated dental services program  9 30 patterned after the projects developed by the lifeline network  9 31 to provide dental services to indigent individuals who are  9 32 elderly or with disabilities.</p>	<p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>9 33 e. Of the funds appropriated in this subsection, <del>\$55,997</del>  9 34 <u>\$111,995</u> shall be used for childhood obesity prevention.</p>	<p>Allocates \$111,995 for childhood obesity programs.   DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>9 35 f. Of the funds appropriated in this subsection, <del>\$81,384</del>  10 1 <u>\$162,768</u> shall be used to provide audiological services and  10 2 hearing aids for children. The department may enter into a  10 3 contract to administer this paragraph.</p>	<p>Allocates \$162,768 for the Audiological Services for Kids Program to provide audiological services and hearing aids to children.   DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>10 4 g. Of the funds appropriated in this subsection, <del>\$12,500</del>  10 5 <u>\$25,000</u> is transferred to the university of iowa college of  10 6 dentistry for provision of primary dental services to children.  10 7 State funds shall be matched on a dollar-for-dollar basis.  10 8 The university of iowa college of dentistry shall coordinate  10 9 efforts with the department of public health, bureau of  10 10 oral and health delivery systems, to provide dental care to  10 11 underserved populations throughout the state.</p>	<p>Transfers \$25,000 to the University of Iowa College of Dentistry to provide primary dental services to children. Requires a one-to-one dollar match by the University. The College is directed to coordinate efforts with the DPH Bureau of Oral Health to provide dental care to underserved populations throughout Iowa.   DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>10 12 h. Of the funds appropriated in this subsection, <del>\$25,000</del>  10 13 <u>\$50,000</u> shall be used to address youth suicide prevention.</p>	<p>Allocates \$50,000 for a youth suicide prevention program.   DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>10 14 i. Of the funds appropriated in this subsection, <del>\$25,000</del>  10 15 <u>\$50,000</u> shall be used to support the iowa effort to address the  10 16 survey of children who experience adverse childhood experiences  10 17 known as ACEs.</p>	<p>Allocates \$50,000 to support the iowa effort to address the study of children that experience adverse childhood experiences (ACEs).   DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>10 18 j. The department of public health shall continue to  10 19 administer the program to assist parents in this state with  10 20 costs resulting from the death of a child in accordance with  10 21 the provisions of 2014 Iowa Acts, chapter 1140, section 22,  10 22 subsection 12.</p>	<p>Requires the IDPH to continue to administer the Child Burial Assistance Program enacted in the FY 2015 Health and Human Services Appropriations Act in the Child Care Assistance appropriation to DHS.   DETAIL: The Program received an allocation of \$100,000 with nonreversion language. At the end of March 2016, around \$50,000 is remaining.</p>
<p>10 23 3. CHRONIC CONDITIONS  10 24 For serving individuals identified as having chronic  10 25 conditions or special health care needs, and for not more than</p>	<p>General Fund appropriation to <a href="#">Chronic Conditions</a> programs.   DETAIL: This is a decrease of \$25,000 and no change in FTE</p>

10 26	the following full-time equivalent positions:		
10 27	.....	\$	2,477,846
10 28			<u>4,930,692</u>
10 29	..... FTEs		5.00

positions compared to estimated FY 2016. The decrease is to the Cervical Cancer Screening Program.

10 30 a. Of the funds appropriated in this subsection, ~~\$79,966~~  
 10 31 \$159,932 shall be used for grants to individual patients who  
 10 32 have an inherited metabolic disorder to assist with the costs  
 10 33 of medically necessary foods and formula.

Allocates \$159,932 for grants to individual patients with [inherited metabolic disorders](#) to assist with necessary costs for special foods.

DETAIL: This is no change compared to the FY 2016 allocation.

10 34 b. Of the funds appropriated in this subsection, ~~\$445,822~~  
 10 35 \$891,644 shall be used for the brain injury services program  
 11 1 pursuant to section 135.22B, including for continuation of the  
 11 2 contracts for resource facilitator services in accordance with  
 11 3 section 135.22B, subsection 9, and to enhance brain injury  
 11 4 training and recruitment of service providers on a statewide  
 11 5 basis. Of the amount allocated in this paragraph, ~~\$47,500~~  
 11 6 \$95,000 shall be used to fund one full-time equivalent position  
 11 7 to serve as the state brain injury services program manager.

Allocates \$891,644 for continuation of the two contracts in the DPH Brain Injury Services Program for facilitator services, training services, and provider recruitment.

DETAIL: This is no change compared to the FY 2016 allocation.

11 8 c. Of the funds appropriated in this subsection, ~~\$273,994~~  
 11 9 \$547,982 shall be used as additional funding to leverage  
 11 10 federal funding through the federal Ryan White Care Act, Tit.  
 11 11 II, AIDS drug assistance program supplemental drug treatment  
 11 12 grants.

Allocates \$547,982 to the [AIDS Drug Assistance Program \(ADAP\)](#).

DETAIL: This is no change compared to the FY 2016 allocation.

11 13 d. Of the funds appropriated in this subsection, ~~\$74,944~~  
 11 14 \$149,823 shall be used for the public purpose of continuing  
 11 15 to contract with an existing national-affiliated organization  
 11 16 to provide education, client-centered programs, and client  
 11 17 and family support for people living with epilepsy and their  
 11 18 families. The amount allocated in this paragraph in excess  
 11 19 of ~~\$50,000~~ \$100,000 shall be matched dollar-for-dollar by the  
 11 20 organization specified.

Allocates \$149,823 for epilepsy education and support.

DETAIL: This is no change compared to the FY 2016 allocation.

11 21 e. Of the funds appropriated in this subsection, ~~\$392,557~~  
 11 22 \$785,114 shall be used for child health specialty clinics.

Allocates \$785,114 for Child Health Specialty Clinics.

DETAIL: This is no change compared to the FY 2016 allocation.

11 23 f. Of the funds appropriated in this subsection,  
 11 24 ~~\$200,000~~ \$400,000 shall be used by the regional autism  
 11 25 assistance program established pursuant to section 256.35,  
 11 26 and administered by the child health specialty clinic located  
 11 27 at the university of Iowa hospitals and clinics. The funds  
 11 28 shall be used to enhance interagency collaboration and  
 11 29 coordination of educational, medical, and other human services  
 11 30 for persons with autism, their families, and providers of

Allocates \$400,000 to be used by the Regional Autism Service Program (RASP) to create autism support programs administered by the Child Health Speciality Clinic located at the University of Iowa Hospitals and Clinics (UIHC).

DETAIL: This is no change compared to the FY 2016 allocation. The University of Iowa (UI) is prohibited from receiving any funds for indirect costs associated with the allocation.

<p>11 31 services, including delivering regionalized services of care  11 32 coordination, family navigation, and integration of services  11 33 through the statewide system of regional child health specialty  11 34 clinics and fulfilling other requirements as specified in  11 35 chapter 225D. The university of Iowa shall not receive funds  12 1 allocated under this paragraph for indirect costs associated  12 2 with the regional autism assistance program.</p>	
<p>12 3 g. Of the funds appropriated in this subsection, <del>\$285,496</del>  12 4 <u>\$570,993</u> shall be used for the comprehensive cancer control  12 5 program to reduce the burden of cancer in Iowa through  12 6 prevention, early detection, effective treatment, and ensuring  12 7 quality of life. Of the funds allocated in this paragraph "g",  12 8 <del>\$75,000</del> <u>\$150,000</u> shall be used to support a melanoma research  12 9 symposium, a melanoma biorepository and registry, basic and  12 10 translational melanoma research, and clinical trials.</p>	<p>Allocates \$570,993 for the Iowa Comprehensive Cancer Control (ICCC) Program. Of the total amount, \$150,000 is required to be used to support various efforts in studying, tracking, and researching melanoma.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>12 11 h. Of the funds appropriated in this subsection, <del>\$63,225</del>  12 12 <u>\$101,450</u> shall be used for cervical and colon cancer screening,  12 13 and <del>\$150,000</del> <u>\$300,000</u> shall be used to enhance the capacity  12 14 of the cervical cancer screening program to include provision  12 15 of recommended prevention and early detection measures to a  12 16 broader range of low-income women.</p>	<p>Allocates \$101,450 for cervical and colon cancer screening and \$300,000 for enhanced capacity of the Cervical Cancer Screening Program for a total of \$401,450.</p> <p>DETAIL: This is a decrease of \$25,000 for cervical cancer screenings compared to the FY 2016 allocation. The overall number of Iowans seeking DPH-funded cervical cancer and colon cancer screening and preventative services is projected to continue to decrease as more people enroll in new public and private health plans. Eligibility for the Colorectal Screening Cancer Program is being expanded through the administrative rule making process <a href="#">ARC 2446C</a>.</p>
<p>12 17 i. Of the funds appropriated in this subsection, <del>\$263,347</del>  12 18 <u>\$526,695</u> shall be used for the center for congenital and  12 19 inherited disorders.</p>	<p>Allocates \$526,695 for the Center for Congenital and Inherited Disorders central registry.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>12 20 j. Of the funds appropriated in this subsection, <del>\$64,705</del>  12 21 <u>\$129,411</u> shall be used for the prescription drug donation  12 22 repository program created in chapter 135M.</p>	<p>Allocates \$129,411 for the Prescription Drug Donation Repository Program.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>12 23 k. Of the funds appropriated in this subsection, <del>\$107,631</del>  12 24 <u>\$215,263</u> shall be used by the department of public health  12 25 for reform-related activities, including but not limited to  12 26 facilitation of communication to stakeholders at the state and  12 27 local level, administering the patient-centered health advisory  12 28 council pursuant to section 135.159, and involvement in health  12 29 care system innovation activities occurring across the state.</p>	<p>Allocates \$215,263 for the DPH Office of Health Care Transformation, that handles Affordable Care Act related initiatives.</p> <p>DETAIL: This is no change compared to the amount of the FY 2016 allocation.</p>

12 30 I. Of the funds appropriated in this subsection, ~~\$12,500~~  
 12 31 \$25,000 shall be used for administration of chapter 124D, the  
 12 32 medical cannabidiol Act.

Allocates \$25,000 for the administration of Iowa Code chapter [124D](#), the Medical Cannabidiol Act.

DETAIL: This is no change compared to the FY 2016 allocation.

12 33 4. COMMUNITY CAPACITY  
 12 34 For strengthening the health care delivery system at the  
 12 35 local level, and for not more than the following full-time  
 13 1 equivalent positions:  
 13 2 ..... \$ 4,410,667  
 13 3 ..... 7,739,136  
 13 4 ..... FTEs 44.00  
 13 5 ..... 13.00

General Fund appropriation to [Community Capacity](#) programs.

DETAIL: This is a net decrease of \$1,082,199 and 2.00 FTE position compared to estimated FY 2016. The General Fund changes include:

- A decrease of \$1,672,199 to reflect the Governor's item veto of funding for the Iowa Collaborative Safety Net Provider Network.
- A decrease of \$105,448 to eliminate funding for the Mental Health Professional Workforce Shortage Area Program allocation.
- An increase of \$74,059 to the PRIMECARRE Loan Repayment Program for mental health workforce.
- An increase of \$47,000 and 0.50 FTE position to the Child Vision Screening Program.
- An increase of \$74,389 and 0.50 FTE position to fund the Office on Minority and Multicultural Health, that has lost the ability to use federal funds.
- An increase of \$500,000 for the Medical Residency Program.
- An increase of 1.00 FTE position for a general increase to better manage workforce contracts and workforce strategies.

13 6 a. Of the funds appropriated in this subsection, ~~\$49,707~~  
 13 7 \$146,414 is allocated for continuation of the child vision  
 13 8 screening program implemented through the university of Iowa  
 13 9 hospitals and clinics in collaboration with early childhood  
 13 10 Iowa areas. The program shall submit a report to the  
 13 11 individuals identified in this Act for submission of reports  
 13 12 regarding the use of funds allocated under this paragraph  
 13 13 "a". The report shall include the objectives and results for  
 13 14 the program year including the target population and how the  
 13 15 funds allocated assisted the program in meeting the objectives;  
 13 16 the number, age, and location within the state of individuals  
 13 17 served; the type of services provided to the individuals  
 13 18 served; the distribution of funds based on service provided;  
 13 19 and the continuing needs of the program.

Allocates \$146,414 for the Iowa KidSight child vision screening program through the UIHC in collaboration with the Lions Club and Early Childhood Iowa areas.

DETAIL: This is an increase of \$47,000 compared to the FY 2016 allocation. This will fully implement the program enacted in Iowa Code section [135.39D](#) by providing support for ongoing maintenance and hosting costs for the program and 0.50 FTE position for data entry and oversight.

13 20 b. Of the funds appropriated in this subsection, ~~\$55,328~~  
 13 21 \$110,656 is allocated for continuation of an initiative  
 13 22 implemented at the university of Iowa and ~~\$49,952~~ \$99,904

Allocates \$110,656 for a University of Iowa (UI) initiative to expand and improve the mental health treatment and services workforce. Allocates \$99,904 for a similar initiative at the Mental Health Institute (MHI) at

<p>13 23 is allocated for continuation of an initiative at the state  13 24 mental health institute at Cherokee to expand and improve the  13 25 workforce engaged in mental health treatment and services.  13 26 The initiatives shall receive input from the university of  13 27 Iowa, the department of human services, the department of  13 28 public health, and the mental health and disability services  13 29 commission to address the focus of the initiatives.</p>	<p>Cherokee, for a total of \$210,560.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>13 30 c. Of the funds appropriated in this subsection, <del>\$582,314</del>  13 31 <u>\$1,164,628</u> shall be used for essential public health services  13 32 that promote healthy aging throughout one's lifespan,  13 33 contracted through a formula for local boards of health, to  13 34 enhance health promotion and disease prevention services.</p>	<p>Allocates \$1,164,628 for core public health functions, including home health care and public health nursing services.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>13 35 d. Of the funds appropriated in this <del>section</del> subsection,  14 1 <del>\$49,643</del> <u>\$99,286</u> shall be deposited in the governmental public  14 2 health system fund created in section 135A.8 to be used for the  14 3 purposes of the fund.</p>	<p>Allocates \$99,286 to the Governmental Public Health System Fund for activities related to the DPH modernization initiative.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>14 4 <del>e. Of the funds appropriated in this subsection, \$52,724</del>  14 5 <del>shall be used to continue to address the shortage of mental</del>  14 6 <del>health professionals in the state.</del></p>	<p>Eliminates the allocation for the Mental Health Professional Shortage Area Program.</p> <p>DETAIL: This is a decrease of \$105,448 compared to the FY 2016 allocation.</p>
<p>14 7 f. Of the funds appropriated in this subsection, <del>\$25,000</del>  14 8 <u>\$50,000</u> shall be used for a grant to a statewide association  14 9 of psychologists that is affiliated with the American  14 10 psychological association to be used for continuation of a  14 11 program to rotate intern psychologists in placements in urban  14 12 and rural mental health professional shortage areas, as defined  14 13 in section 135.180.</p>	<p>Allocates \$50,000 for the <a href="#">Psychology Postdoctoral Internship Rotation Program</a> for intern psychologists in urban and rural mental health professional shortage areas.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>14 14 g. (1) Of the funds appropriated in this subsection,  14 15 <del>\$1,441,484</del> <u>\$1,210,770</u> shall be allocated as a grant to the Iowa  14 16 primary care association to be used pursuant to section 135.153  14 17 for the statewide coordination of the Iowa collaborative  14 18 safety net provider network. Coordination of the network  14 19 shall focus on increasing access by underserved populations  14 20 to health care services, increasing integration of the  14 21 health system and collaboration across the continuum of care  14 22 with a focus on safety net services, and enhancing the Iowa  14 23 collaborative safety net provider network's communication and  14 24 education efforts. The amount allocated as a grant under this  14 25 subparagraph (1) shall be used as follows to support the Iowa  14 26 collaborative safety net provider network goals of increased  14 27 access, health system integration, and engagement:</p>	<p>Allocates \$1,210,770 to the Iowa Collaborative Safety Net Provider Network to implement Iowa Code section <a href="#">135.153</a>.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>

14 28 (a) For distribution to safety net partners in the state  
 14 29 that work to increase access of the underserved population to  
 14 30 health services:

14 31 .....\$ 512,742  
 14 32 ..... 1,025,485

14 33 (i) Of the amount allocated in this subparagraph division  
 14 34 (a), up to ~~\$206,707~~ \$413,415 shall be distributed to the  
 14 35 Iowa prescription drug corporation for continuation of the  
 15 1 pharmaceutical infrastructure for safety net providers as  
 15 2 described in 2007 Iowa Acts, chapter 218, section 108.

15 3 (ii) Of the amount allocated in this subparagraph division  
 15 4 (a), up to ~~\$474,164~~ \$348,322 shall be distributed to free  
 15 5 clinics and free clinics of Iowa for necessary infrastructure,  
 15 6 statewide coordination, provider recruitment, service delivery,  
 15 7 and provision of assistance to patients in securing a medical  
 15 8 home inclusive of oral health care.

15 9 (iii) Of the amount allocated in this subparagraph division  
 15 10 (a), up to ~~\$25,000~~ \$50,000 shall be distributed to the Iowa  
 15 11 coalition against sexual assault to continue a training  
 15 12 program for sexual assault response team (SART) members,  
 15 13 including representatives of law enforcement, victim advocates,  
 15 14 prosecutors, and certified medical personnel.

15 15 (iv) Of the amount allocated in this subparagraph division  
 15 16 (a), up to ~~\$106,874~~ \$213,748 shall be distributed to the Polk  
 15 17 county medical society for continuation of the safety net  
 15 18 provider patient access to a specialty health care initiative  
 15 19 as described in 2007 Iowa Acts, chapter 218, section 109.

15 20 (c) For distribution to safety net partners in the state  
 15 21 that work to serve as a resource for credible, accurate  
 15 22 information on health care-related needs and services  
 15 23 for vulnerable populations in the state including the  
 15 24 Iowa association of rural health clinics for necessary  
 15 25 infrastructure and service delivery transformation and the Iowa  
 15 26 primary care association to support partner engagement, program  
 15 27 management, and statewide coordination of the network:

15 28 .....\$ 92,642  
 15 29 ..... 185,285

15 30 (2) The amount allocated under this paragraph "g" shall  
 15 31 not be reduced for administrative or other costs prior to  
 15 32 distribution. The Iowa collaborative safety net provider  
 15 33 network may continue to distribute funds allocated pursuant to  
 15 34 this paragraph "g" through existing contracts or renewal of  
 15 35 existing contracts.

16 1 (3) For each goal of the Iowa collaborative safety net

Of the amount allocated in subparagraph (1), \$1,025,485 is allocated to increase access to underserved populations for health services. This is no change compared to the FY 2016 allocation. This amount is further allocated as follows:

- At least \$413,415 for the pharmaceutical infrastructure for safety net providers.
- At least \$348,322 for free clinics to assist patients with finding a medical home.
- At least \$50,000 for a grant Program in collaboration with Sexual Assault Response Team (SART) members to expand the response room model throughout Iowa.
- At least \$213,748 for the specialty health care initiative.

Of the amount allocated in subparagraph (1), \$185,285 is allocated for resource information, services for vulnerable populations, partner engagement, program management, and statewide coordination.

DETAIL: This is no change compared to the FY 2016 allocation. Funds will also provide for general program management and coordination. These funds will expand technical assistance and training available to safety net partners. The goal is to serve as a resource for credible, accurate information on healthcare-related needs and services for vulnerable populations in Iowa.

Specifies that administrative costs related to the distribution of funding to the Safety Net Provider Network may not be taken out of the allocated funding. Permits the Iowa Collaborative Safety Net Provider Network to distribute funds through existing contracts.

Requires a report to be submitted by December 15, 2016, regarding

<p>16 2 provider network, the Iowa primary care association shall  16 3 submit a progress report to the individuals designated in this  16 4 Act for submission of reports by December 15, 2016, including  16 5 progress in developing and implementing the network, how the  16 6 funds were distributed and used in developing and implementing  16 7 the network, and the remaining needs identified to fully  16 8 develop and implement the network.</p>	<p>the progress in developing and implementing the network, how funds were distributed, and the remaining needs in developing and implementing the network.</p>
<p>16 9 h. Of the funds appropriated in this subsection, <del>\$106,700</del>  16 10 <u>\$213,400</u> shall be used for continuation of the work of the  16 11 direct care worker advisory council established pursuant to  16 12 2008 Iowa Acts, chapter 1188, section 69, in implementing the  16 13 recommendations in the final report submitted by the advisory  16 14 council to the governor and the general assembly in March 2012,  16 15 including by continuing to develop, promote, and make available  16 16 on a statewide basis the prepare-to-care core curriculum and  16 17 its associated modules and specialties through various formats  16 18 including online access, community colleges, and other venues;  16 19 exploring new and maintaining existing specialties including  16 20 but not limited to oral health and dementia care; supporting  16 21 instructor training; and assessing and making recommendations  16 22 concerning the Iowa care book and information technology  16 23 systems and infrastructure uses and needs.</p>	<p>Allocates \$213,400 for the Direct Care Worker Advisory Council.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>16 24 i. (1) Of the funds appropriated in this subsection,  16 25 <del>\$108,187</del> <u>\$216,375</u> shall be used for allocation to an  16 26 independent statewide direct care worker organization selected  16 27 through a request for proposals process. The contract shall  16 28 include performance and outcomes measures, and shall allow the  16 29 contractor to use a portion of the funds received under the  16 30 contract to collect data to determine results based on the  16 31 performance and outcomes measures.</p>	<p>Allocates \$216,375 for a request for proposal for independent direct care worker organization for promotion and education on direct care workforce issues.</p> <p>DETAIL: This is no change compared to the amount of the FY 2016 allocation.</p>
<p>16 32 (2) Of the funds appropriated in this subsection, <del>\$37,500</del>  16 33 <u>\$75,000</u> shall be used to provide scholarships or other forms of  16 34 subsidization for direct care worker educational conferences,  16 35 training, or outreach activities.</p>	<p>Allocates \$75,000 for scholarships for direct care worker educational conferences, training, and outreach activities.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>17 1 j. Of the funds appropriated in this subsection, the  17 2 department may use up to <del>\$29,087</del> <u>\$58,175</u> for up to one  17 3 full-time equivalent position to administer the volunteer  17 4 health care provider program pursuant to section 135.24.</p>	<p>Permits the Department to utilize up to \$58,175 and 1.00 FTE position for administration of the Voluntary Health Care Provider Program.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>17 5 k. Of the funds appropriated in this subsection, <del>\$50,000</del>  17 6 <u>\$100,000</u> shall be used for a matching dental education loan  17 7 repayment program to be allocated to a dental nonprofit health  17 8 service corporation to continue to develop the criteria and</p>	<p>Allocates \$100,000 for the <a href="#">FIND Dental Education Loan Repayment Program</a>.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>

17 9 implement the loan repayment program.

17 10 I. Of the funds appropriated in this subsection, ~~\$52,944~~  
 17 11 \$179,882 is transferred to the college student aid commission  
 17 12 for deposit in the rural Iowa primary care trust fund created  
 17 13 in section 261.113 to be used for the purposes of the fund.

Allocates \$179,882 for transfer to the College Student Aid Commission for deposit in the [Rural Iowa Primary Care Loan Repayment Program](#) and Trust Fund Act (PRIMECARRE Trust Fund) to implement a Program to repay education loans of primary health care clinical services located in rural, federally-designated health professional shortage areas.

DETAIL: This is a general increase of \$74,059 compared to the FY 2016 allocation.

17 14 m. Of the funds appropriated in this subsection, ~~\$125,000~~  
 17 15 \$250,000 shall be used for the purposes of the Iowa donor  
 17 16 registry as specified in section 142C.18.

Allocates \$250,000 to the [Iowa Donor Registry](#).

DETAIL: This is no change compared to the FY 2016 allocation.

17 17 n. Of the funds appropriated in this subsection, ~~\$50,000~~  
 17 18 \$100,000 shall be used for continuation of a grant to a  
 17 19 nationally affiliated volunteer eye organization that has an  
 17 20 established program for children and adults and that is solely  
 17 21 dedicated to preserving sight and preventing blindness through  
 17 22 education, nationally certified vision screening and training,  
 17 23 and community and patient service programs. The organization  
 17 24 shall submit a report to the individuals identified in this  
 17 25 Act for submission of reports regarding the use of funds  
 17 26 allocated under this paragraph "n". The report shall include  
 17 27 the objectives and results for the program year including  
 17 28 the target population and how the funds allocated assisted  
 17 29 the program in meeting the objectives; the number, age, and  
 17 30 location within the state of individuals served; the type of  
 17 31 services provided to the individuals served; the distribution  
 17 32 of funds based on services provided; and the continuing needs  
 17 33 of the program.

Allocates \$100,000 to Prevent Blindness Iowa for a vision screening and training program.

DETAIL: This is no change compared to the FY 2016 allocation. Requires the Program to submit a report outlining program objectives, target population and locations, services provided, and other details.

17 34 o. Of the funds appropriated in this subsection, ~~\$1,000,000~~  
 17 35 \$2,500,000 shall be deposited in the medical residency training  
 18 1 account created in section 135.175, subsection 5, paragraph  
 18 2 "a", and is appropriated from the account to the department  
 18 3 of public health to be used for the purposes of the medical  
 18 4 residency training state matching grants program as specified  
 18 5 in section 135.176. However, notwithstanding any provision to  
 18 6 the contrary in section 135.176, priority in the awarding of  
 18 7 the first \$2,000,000 of moneys in the fund for grants shall be  
 18 8 given to sponsors that propose preference in the use of the  
 18 9 grant funds for psychiatric residency positions and family  
 18 10 practice residency positions and priority in the awarding of  
 18 11 any additional moneys in the fund shall be given to sponsors

Allocates \$2,500,000 for a Medical Residency Training Program. Specifies that grants for expansion of new medical residency positions, psychiatric residency positions, and family practice positions have priority within the Program.

DETAIL: This is an increase of \$500,000 compared to the FY 2016 allocation. The increase is directed towards prioritizing an award for funding the residency of an internal medicine residency.

18 12 that propose preference in the use of the grant funds for  
18 13 internal medicine positions.

Allocates \$156,619 to the UIHC for a program that improves outcomes for mental health treatment in primary care settings.

DETAIL: This is no change compared to the FY 2016 allocation. The program provides additional training to medical residency students about mental health and psychiatric prescriptions and track data and outcomes.

18 14 p. Of the funds appropriated in this subsection, ~~\$78,309~~  
18 15 \$156,619 is allocated to the university of Iowa hospitals and  
18 16 clinics to continue a systematic and evidence-based practice  
18 17 collaborative care model to improve outcomes of mental health  
18 18 treatment in primary care settings in the state. Funds shall  
18 19 be used to establish the collaborative care model in several  
18 20 primary care practices in rural and urban areas throughout the  
18 21 state, to provide staffing to administer the model, and to  
18 22 provide staff training and database management to track and  
18 23 manage patient outcomes.

General Fund appropriation to [Healthy Aging](#) programs.

DETAIL: This is no change compared to estimated FY 2016.

18 24 5. HEALTHY AGING  
18 25 To provide public health services that reduce risks and  
18 26 invest in promoting and protecting good health over the  
18 27 course of a lifetime with a priority given to older lowans and  
18 28 vulnerable populations:  
18 29 ..... \$ 3,648,571  
18 30 ..... 7,297,142

General Fund appropriation to [Infectious Disease](#) programs.

DETAIL: This is no change compared to estimated FY 2016.

18 31 6. INFECTIOUS DISEASES  
18 32 For reducing the incidence and prevalence of communicable  
18 33 diseases, and for not more than the following full-time  
18 34 equivalent positions:  
18 35 ..... \$ 667,577  
19 1 ..... 1,335,155  
19 2 ..... FTEs 4.00

General Fund appropriation to [Public Protection](#) programs.

DETAIL: This is an increase of \$60,000 and 1.00 FTE position compared to estimated FY 2016. The increase is to fully fund the Certificate of Need Program staff. This position had previously had split duties with the Administrative Rules coordination process.

19 3 7. PUBLIC PROTECTION  
19 4 For protecting the health and safety of the public through  
19 5 establishing standards and enforcing regulations, and for not  
19 6 more than the following full-time equivalent positions:  
19 7 ..... \$ 2,169,595  
19 8 ..... 4,399,191  
19 9 ..... FTEs 436.00  
19 10 ..... 137.00

Allocates up to \$454,700 for the EMS Fund.

DETAIL: This is no change compared to the FY 2016 allocation.

19 11 a. Of the funds appropriated in this subsection, not more  
19 12 than ~~\$227,350~~ \$454,700 shall be credited to the emergency  
19 13 medical services fund created in section 135.25. Moneys in  
19 14 the emergency medical services fund are appropriated to the  
19 15 department to be used for the purposes of the fund.

Allocates \$203,032 to provide program funding for sexual violence prevention.

19 16 b. Of the funds appropriated in this subsection, ~~\$101,516~~  
19 17 \$203,032 shall be used for sexual violence prevention  
19 18 programming through a statewide organization representing

19 19 programs serving victims of sexual violence through the  
19 20 department's sexual violence prevention program. The amount  
19 21 allocated in this paragraph "b" shall not be used to supplant  
19 22 funding administered for other sexual violence prevention or  
19 23 victims assistance programs.

DETAIL: This is no change compared to the FY 2016 allocation.

19 24 c. Of the funds appropriated in this subsection, ~~\$299,375~~  
19 25 \$598,751 shall be used for the state poison control center.  
19 26 Pursuant to the directive under 2014 Iowa Acts, chapter  
19 27 1140, section 102, the federal matching funds available to  
19 28 the state poison control center from the department of human  
19 29 services under the federal Children's Health Insurance Program  
19 30 Reauthorization Act allotment shall be subject to the federal  
19 31 administrative cap rule of 10 percent applicable to funding  
19 32 provided under Tit.XXI of the federal Social Security Act and  
19 33 included within the department's calculations of the cap.

Allocates up to \$598,751 for the [state Poison Control Center](#).

DETAIL: This is no change compared to the FY 2016 allocation. The DHS is required to implement a new health services initiative under the Children's Health Insurance Program (CHIP) to provide funding for the Center. The Center is allowed to transfer as much funding as needed for the purpose of receiving matching federal funds.

19 34 d. Of the funds appropriated in this subsection, ~~\$268,875~~  
19 35 \$537,750 shall be used for childhood lead poisoning provisions.

Allocates \$537,750 for [childhood lead poisoning](#) testing.

DETAIL: This is no change compared to the FY 2016 allocation.

20 1 8. RESOURCE MANAGEMENT

General Fund appropriation for [Resource Management](#) activities.

20 2 For establishing and sustaining the overall ability of the  
20 3 department to deliver services to the public, and for not more  
20 4 than the following full-time equivalent positions:  
20 5 ..... \$ 427,536  
20 6 ..... 1,005,072  
20 7 ..... FTEs 4.00

DETAIL: This is an increase of \$150,000 and no change in FTE positions compared to estimated FY 2016. The increase funds the ongoing service charges from the Office of the Chief Information Officer due to the Department's move of IT Infrastructure support from the Lucas Data Center to the Hoover Data Center. The total new annual costs are estimated at \$600,000 based on FY 2016 rates, but federal funds, other funds, and fees will make up the 75.0% not covered by this increase.

20 8 9. MISCELLANEOUS PROVISIONS

Prohibits the UIHC from receiving indirect cost reimbursement from General Fund appropriations to the Department. Requires the UIHC to submit billings to the DPH on a quarterly basis each year.

20 9 a. The university of Iowa hospitals and clinics under  
20 10 the control of the state board of regents shall not receive  
20 11 indirect costs from the funds appropriated in this section.  
20 12 The university of Iowa hospitals and clinics billings to the  
20 13 department shall be on at least a quarterly basis.

20 14 b. Unless otherwise already required under this section of  
20 15 this Act, any entity to which appropriated funds are allocated  
20 16 or distributed under this section shall submit a progress  
20 17 report to the department of public health by December 15,  
20 18 2016, which includes the objectives and results, to date,  
20 19 for the program year and how the funds are assisting the  
20 20 program in meeting the objectives, the target population

Requires all entities receiving funding through the DPH to submit a report by December 15, 2016, that contains the objectives and results of the program funded, how funds are utilized, targeted population served, and continuing programming needs in the future. The DPH must make recommendations to the Governor and General Assembly about realigning, bundling, or otherwise distributing funding to meet the needs identified and improving services in the following fiscal year.

20 21 served and the type of services provided, and the continuing  
 20 22 needs of the recipient entity and the service population. The  
 20 23 department shall review the information reported and shall make  
 20 24 recommendations to the governor and the general assembly to  
 20 25 realign, bundle, or otherwise redistribute funding to meet the  
 20 26 needs identified and improve services during the subsequent  
 20 27 fiscal year.

20 28 c. The department of public health shall submit a report  
 20 29 to the individuals identified in this Act for submission  
 20 30 of reports by December 15, 2016, regarding a proposal for  
 20 31 realigning, bundling, redistributing, or otherwise adjusting  
 20 32 the department's funding streams to reflect the department's  
 20 33 priorities and goals and to provide increased flexibility in  
 20 34 the distribution of funding to meet these priorities and goals.  
 20 35 The proposal shall specifically include recommendations for a  
 21 1 broader, more systematic and strategic workforce initiative  
 21 2 which may include a comprehensive study of workforce program  
 21 3 needs and the establishment of an advisory workgroup. The  
 21 4 proposal shall also specifically include strategies, developed  
 21 5 in collaboration with the department of education, to encourage  
 21 6 elementary and secondary education students to pursue careers  
 21 7 in the fields of health and health care.

Requires the DPH to submit a report by December 15, 2016, regarding the proposal for realigning, bundling, and adjusting the Departments funding streams to reflect their priorities and goals. This report must specifically include recommendations for a broader, systemic workforce strategy, and include strategies developed with the Department of Education, to encourage elementary and secondary education students to pursue careers in the fields of health and health care.

21 8 DIVISION IV  
 21 9 DEPARTMENT OF VETERANS AFFAIRS — FY 2016-2017

21 10 Sec. 4. 2015 Iowa Acts, chapter 137, section 124, is amended  
 21 11 to read as follows:  
 21 12 SEC. 124. DEPARTMENT OF VETERANS AFFAIRS. There is  
 21 13 appropriated from the general fund of the state to the  
 21 14 department of veterans affairs for the fiscal year beginning  
 21 15 July 1, 2016, and ending June 30, 2017, the following amounts,  
 21 16 or so much thereof as is necessary, to be used for the purposes  
 21 17 designated:

General Fund appropriation to the [Department of Veterans Affairs](#).  
 DETAIL: This is no change compared to estimated FY 2016.

21 18 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION  
 21 19 For salaries, support, maintenance, and miscellaneous  
 21 20 purposes, and for not more than the following full-time  
 21 21 equivalent positions:  
 21 22 ..... \$ 600,273  
 21 23 ..... 1,200,546  
 21 24 ..... FTEs 15.00

21 25 2. IOWA VETERANS HOME

21 26 For salaries, support, maintenance, and miscellaneous  
 21 27 purposes:  
 21 28 ..... \$ 3,797,498

General Fund appropriation to the [Iowa Veterans Home](#) (IVH).  
 DETAIL: This is no change compared to estimated FY 2016.

21 29 7,594,996

21 30 a. The Iowa veterans home billings involving the department  
21 31 of human services shall be submitted to the department on at  
21 32 least a monthly basis.

Requires the IVH to submit monthly claims relating to Medicaid to the DHS.

21 33 c. Within available resources and in conformance with  
21 34 associated state and federal program eligibility requirements,  
21 35 the Iowa veterans home may implement measures to provide  
22 1 financial assistance to or on behalf of veterans or their  
22 2 spouses who are participating in the community reentry program.

Permits the IVH to provide financial assistance to support participation in the community reentry program within state and federal eligibility requirements.

22 3 3. HOME OWNERSHIP ASSISTANCE PROGRAM  
22 4 For transfer to the Iowa finance authority for the  
22 5 continuation of the home ownership assistance program for  
22 6 persons who are or were eligible members of the armed forces of  
22 7 the United States, pursuant to section 16.54:  
22 8 .....\$ 1,250,000  
22 9 ..... 2,500,000

General Fund Appropriation for the [Home Ownership Assistance Program](#) for military service members.

DETAIL: This is no change compared to estimated FY 2016. These funds are transferred to the Iowa Finance Authority for the continuation of services in the Home Ownership Assistance Program.

22 10 Sec. 5. 2015 Iowa Acts, chapter 137, section 125, is amended  
22 11 to read as follows:  
22 12 SEC. 125. LIMITATION OF COUNTY COMMISSIONS OF VETERAN  
22 13 AFFAIRS FUND STANDING APPROPRIATIONS. Notwithstanding the  
22 14 standing appropriation in section 35A.16 for the fiscal year  
22 15 beginning July 1, 2016, and ending June 30, 2017, the amount  
22 16 appropriated from the general fund of the state pursuant to  
22 17 that section for the following designated purposes shall not  
22 18 exceed the following amount:  
22 19 For the county commissions of veteran affairs fund under  
22 20 section 35A.16:

Limits the FY 2017 General Fund standing appropriation to the [County Commissions of Veteran Affairs Fund](#) to \$990,000.

DETAIL: This is a decrease of \$10,000 compared to the standing appropriation of \$1,000,000 in Iowa Code section [35A.16](#) and is no change compared to estimated FY 2016.

22 21 .....\$ 495,000  
22 22 ..... 990,000

22 23 DIVISION V  
22 24 DEPARTMENT OF HUMAN SERVICES — FY 2016-2017

22 25 Sec. 6. 2015 Iowa Acts, chapter 137, section 126, is amended  
22 26 to read as follows:

22 27 SEC. 126. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK  
22 28 GRANT. There is appropriated from the fund created in section  
22 29 8.41 to the department of human services for the fiscal year  
22 30 beginning July 1, 2016, and ending June 30, 2017, from moneys  
22 31 received under the federal temporary assistance for needy  
22 32 families (TANF) block grant pursuant to the federal Personal  
22 33 Responsibility and Work Opportunity Reconciliation Act of 1996,  
22 34 Pub.L.No.104-193, and successor legislation, the following  
22 35 amounts, or so much thereof as is necessary, to be used for the  
23 1 purposes designated:

Temporary Assistance for Needy Families (TANF) Block Grant Fund appropriations for FY 2017.

DETAIL: The federal government implemented Federal Welfare Reform on August 22, 1996. Federal Welfare Reform changed the funding for the Family Investment Program (FIP) from a matching program to a federal block grant. The TANF Program was reauthorized on February 8, 2006, with work participation rates extended to separate state programs and the elimination of high performance bonuses; however, Iowa's federal grant remains the same at \$131,028,542 per year.

23 2	1. To be credited to the family investment program account		TANF FY 2017 Block Grant appropriation for the FIP Account.
23 3	and used for assistance under the family investment program		
23 4	under chapter 239B:		
23 5		\$ 2,568,497	DETAIL: This is a decrease of \$24,533 compared to estimated
23 6		<u>5,112,462</u>	FY 2016. The decrease is due to a declining caseload and a shift in
			Program funding to the General Fund to meet MOE requirements.
23 7	2. To be credited to the family investment program account		TANF FY 2017 Block Grant appropriation for the PROMISE JOBS
23 8	and used for the job opportunities and basic skills (JOBS)		Program.
23 9	program and implementing family investment agreements in		
23 10	accordance with chapter 239B:		
23 11		\$ 5,069,089	DETAIL: This is a decrease of \$4,562,485 compared to estimated FY
23 12		<u>5,575,693</u>	2016. The decrease is due to a declining caseload and a shift in
			Program funding to the General Fund to meet MOE requirements.
23 13	3. To be used for the family development and		TANF FY 2017 Block Grant appropriation for the Family Development
23 14	self-sufficiency grant program in accordance with section		and Self Sufficiency (FaDSS) Program.
23 15	216A.107:		
23 16		\$ 1,449,490	DETAIL: This is no change compared to estimated FY 2016.
23 17		<u>2,898,980</u>	
23 18	Notwithstanding section 8.33, moneys appropriated in this		Requires nonreversion of funds allocated for the FaDSS Grant
23 19	subsection that remain unencumbered or unobligated at the close		Program.
23 20	of the fiscal year shall not revert but shall remain available		
23 21	for expenditure for the purposes designated until the close of		
23 22	the succeeding fiscal year. However, unless such moneys are		
23 23	encumbered or obligated on or before September 30, 2016, the		
23 24	moneys shall revert.		
23 25	4. For field operations:		TANF FY 2017 Block Grant appropriation for Field Operations.
23 26		\$ 15,648,116	
23 27		<u>35,774,330</u>	DETAIL: This is an increase of \$4,478,098 compared to estimated
			FY 2016. This increase in TANF dollars is transferred to Child and
			Family Services to offset a loss in TANF dollars for juvenile delinquent
			graduated sanctions.
23 28	5. For general administration:		TANF FY 2017 Block Grant appropriation for General Administration.
23 29		\$ 1,872,000	
23 30		<u>3,744,000</u>	DETAIL: This is no change compared to estimated FY 2016.
23 31	6. For state child care assistance:		TANF FY 2017 Block Grant appropriation for Child Care Assistance.
23 32		\$ 17,523,555	
23 33		<u>46,866,826</u>	DETAIL: This is an increase of \$11,819,716 compared to estimated
			FY 2016. The increase is offset by a decrease in the General Fund
			Child Care Assistance Appropriation and there is no net change to the
			Program.

23 34 a. Of the funds appropriated in this subsection,  
 23 35 ~~\$13,164,048~~ \$26,328,097 is transferred to the child care and  
 24 1 development block grant appropriation made by the Eighty-sixth  
 24 2 General Assembly, 2016 Session, for the federal fiscal year  
 24 3 beginning October 1, 2016, and ending September 30, 2017. Of  
 24 4 this amount, ~~\$100,000~~ \$200,000 shall be used for provision  
 24 5 of educational opportunities to registered child care home  
 24 6 providers in order to improve services and programs offered  
 24 7 by this category of providers and to increase the number of  
 24 8 providers. The department may contract with institutions  
 24 9 of higher education or child care resource and referral  
 24 10 centers to provide the educational opportunities. Allowable  
 24 11 administrative costs under the contracts shall not exceed 5  
 24 12 percent. The application for a grant shall not exceed two  
 24 13 pages in length.

Requires the DHS to transfer \$26,328,097 to the Child Care and Development Block Grant and to use \$200,000 for training of registered child care home providers. Permits the DHS to contract with colleges or child care resource and referral centers and specifies requirements for funding the grants and the application form for the Grant. Caps contractor administrative costs at 5.00%.

24 14 b. Any funds appropriated in this subsection remaining  
 24 15 unallocated shall be used for state child care assistance  
 24 16 payments for families who are employed including but not  
 24 17 limited to individuals enrolled in the family investment  
 24 18 program.

Specifies that approximately \$20,538,729 will be used for Child Care Assistance for employed individuals enrolled in the Family Investment Program (FIP).

24 19 ~~7. For distribution to counties and regions through the~~  
 24 20 ~~property tax relief fund for mental health and disability~~  
 24 21 ~~services as provided in an appropriation made for this purpose:~~  
 24 22 ..... \$ 2,447,026

Eliminates the TANF FY 2017 Block Grant appropriation for Mental Health and Developmental Disabilities Community Services.

DETAIL: These funds are directly appropriated through the TANF FY 2017 Block Grant appropriation for Child and Family Services.

24 23 8. For child and family services:  
 24 24 ..... \$ 16,042,215  
 24 25 ..... 36,256,581

TANF FY 2017 Block Grant appropriation for Child and Family Services.

DETAIL: This is an increase of \$4,172,151 compared to estimated FY 2016. The changes include:

- An increase of \$4,894,052 to appropriated funds that were previously transferred to this appropriation.
- A decrease of \$5,200,000 for the purpose of funding juvenile delinquent graduated sanctions with General Fund dollars, as the use of TANF dollars for juvenile delinquent graduated sanctions is no longer permissible.
- An increase of \$4,478,099 to offset General Fund appropriations. This increase is offset by a decrease of the same amount in the General Fund Child Welfare Appropriation.

24 26 9. For child abuse prevention grants:  
 24 27 ..... \$ 62,500  
 24 28 ..... 125,000

TANF FY 2017 Block Grant appropriation for Child Abuse Prevention Grants.

DETAIL: This is no change compared to estimated FY 2016.

TANF FY 2017 Block Grant appropriation for pregnancy prevention grants on the condition that family planning services are funded.

DETAIL: This is no change compared to estimated FY 2016.

Requires the Department to award pregnancy prevention grants that are based on existing models and to programs that have demonstrated positive outcomes. Requires pregnancy prevention grants from the TANF to include the requirement that sexual abstinence be emphasized. Specifies that priority in awarding the grants should be given to programs in areas of Iowa that have the highest percentage of unplanned adolescent pregnancies within the geographic area served by the grant.

TANF FY 2017 Block Grant appropriation for federal welfare reform reporting, tracking, and case management technology and resource needs.

DETAIL: This is no change compared to estimated FY 2016.

TANF FY 2017 Block Grant appropriation to the DHS to implement and maintain the new FIP eligibility system.

DETAIL: This is no change compared to estimated FY 2016.

Permits the DHS to carryforward TANF funds.

DETAIL: Funds carried forward may be used for FIP and Child Care Assistance.

24 29 10. For pregnancy prevention grants on the condition that  
 24 30 family planning services are funded:  
 24 31 .....\$ 965,033  
 24 32 .....1,930,067

24 33 Pregnancy prevention grants shall be awarded to programs  
 24 34 in existence on or before July 1, 2016, if the programs have  
 24 35 demonstrated positive outcomes. Grants shall be awarded to  
 25 1 pregnancy prevention programs which are developed after July  
 25 2 1, 2016, if the programs are based on existing models that  
 25 3 have demonstrated positive outcomes. Grants shall comply with  
 25 4 the requirements provided in 1997 Iowa Acts, chapter 208,  
 25 5 section 14, subsections 1 and 2, including the requirement that  
 25 6 grant programs must emphasize sexual abstinence. Priority in  
 25 7 the awarding of grants shall be given to programs that serve  
 25 8 areas of the state which demonstrate the highest percentage of  
 25 9 unplanned pregnancies of females of childbearing age within the  
 25 10 geographic area to be served by the grant.

25 11 11. For technology needs and other resources necessary  
 25 12 to meet federal welfare reform reporting, tracking, and case  
 25 13 management requirements:  
 25 14 .....\$ 518,593  
 25 15 .....1,037,186

25 16 12. For the family investment program share of the costs to  
 25 17 continue to develop and maintain a new, integrated eligibility  
 25 18 determination system:  
 25 19 .....\$ 3,327,440  
 25 20 .....6,654,880

25 21 13. a. Notwithstanding any provision to the contrary,  
 25 22 including but not limited to requirements in section 8.41 or  
 25 23 provisions in 2015 or 2016 Iowa Acts regarding the receipt and  
 25 24 appropriation of federal block grants, federal funds from the  
 25 25 temporary assistance for needy families block grant received by  
 25 26 the state and not otherwise appropriated in this section and  
 25 27 remaining available for the fiscal year beginning July 1, 2016,  
 25 28 are appropriated to the department of human services to the  
 25 29 extent as may be necessary to be used in the following priority  
 25 30 order:the family investment program, for state child care  
 25 31 assistance program payments for families who are employed, and  
 25 32 for the family investment program share of costs to develop and  
 25 33 maintain a new, integrated eligibility determination system.

25 34 The federal funds appropriated in this paragraph "a" shall be  
 25 35 expended only after all other funds appropriated in subsection  
 26 1 1 for the assistance under the family investment program,  
 26 2 in subsection 6 for child care assistance, or in subsection  
 26 3 12 for the family investment program share of the costs to  
 26 4 continue to develop and maintain a new, integrated eligibility  
 26 5 determination system, as applicable, have been expended. For  
 26 6 the purposes of this subsection, the funds appropriated in  
 26 7 subsection 6, paragraph "a", for transfer to the child care  
 26 8 and development block grant appropriation are considered fully  
 26 9 expended when the full amount has been transferred.

26 10 b. The department shall, on a quarterly basis, advise the  
 26 11 legislative services agency and department of management of  
 26 12 the amount of funds appropriated in this subsection that was  
 26 13 expended in the prior quarter.

26 14 14. Of the amounts appropriated in this section, ~~\$6,481,004~~  
 26 15 \$12,962,008 for the fiscal year beginning July 1, 2016, is  
 26 16 transferred to the appropriation of the federal social services  
 26 17 block grant made to the department of human services for that  
 26 18 fiscal year.

26 19 15. For continuation of the program providing categorical  
 26 20 eligibility for the food assistance program as specified for  
 26 21 the program in the section of this division of this 2016 Act  
 26 22 relating to the family investment program account:

26 23	.....	\$ 12,500
26 24		<u>25,000</u>

26 25 16. The department may transfer funds allocated in this  
 26 26 section to the appropriations made in this division of this Act  
 26 27 for the same fiscal year for general administration and field  
 26 28 operations for resources necessary to implement and operate the  
 26 29 services referred to in this section and those funded in the  
 26 30 appropriation made in this division of this Act for the same  
 26 31 fiscal year for the family investment program from the general  
 26 32 fund of the state.

26 33 Sec. 7. 2015 Iowa Acts, chapter 137, section 127, is amended  
 26 34 to read as follows:

26 35 SEC. 127. FAMILY INVESTMENT PROGRAM ACCOUNT.

27 1 1. Moneys credited to the family investment program (FIP)  
 27 2 account for the fiscal year beginning July 1, 2016, and  
 27 3 ending June 30, 2017, shall be used to provide assistance in  
 27 4 accordance with chapter 239B.

Requires the DHS to submit quarterly reports to the LSA and the Department of Management (DOM) regarding expenditures in this section.

Requires \$12,962,008 of the federal TANF funds appropriated in this section to be transferred to the federal Social Services Block Grant appropriation.

DETAIL: This is no change compared to estimated FY 2016.

TANF FY 2017 Block Grant appropriation to the Promoting Healthy Marriage Program.

DETAIL: This is no change compared to estimated FY 2016.

Permits the DHS to transfer funds to General Administration and Field Operations for costs associated with TANF-funded programs and the FIP.

Requires funds credited to the FIP Account for FY 2016 to be used as specified.

<p>27 5 2. The department may use a portion of the moneys credited                  27 6 to the FIP account under this section as necessary for                  27 7 salaries, support, maintenance, and miscellaneous purposes.</p>	<p>Permits the DHS to use FIP funds for various administrative purposes.</p>				
<p>27 8 3. The department may transfer funds allocated in                  27 9 subsection 4 to the appropriations made in this division of                  27 10 this Act for the same fiscal year for general administration                  27 11 and field operations for resources necessary to implement and                  27 12 operate the family investment program services referred to in                  27 13 this section and those funded in the appropriation made in this                  27 14 division of this Act for the same fiscal year for the family                  27 15 investment program from the general fund of the state.</p>	<p>Permits the DHS to transfer funds to General Administration and Field Operations for costs associated with this section.</p>				
<p>27 16 4. Moneys appropriated in this division of this Act and                  27 17 credited to the FIP account for the fiscal year beginning July                  27 18 1, 2016, and ending June 30, 2017, are allocated as follows:</p>	<p>Requires the TANF Block Grant funds appropriated to the FIP Account to be allocated as specified.</p>				
<p>27 19 a. To be retained by the department of human services to                  27 20 be used for coordinating with the department of human rights                  27 21 to more effectively serve participants in FIP and other shared                  27 22 clients and to meet federal reporting requirements under the                  27 23 federal temporary assistance for needy families block grant:</p> <table border="0" style="margin-left: 20px;"> <tr> <td style="border-top: 1px dotted black; width: 150px;"></td> <td style="text-align: right;">\$ 40,000</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: right;"><u>20,000</u></td> </tr> </table>		\$ 40,000		<u>20,000</u>	<p>Allocates \$20,000 to the DHS to be used for administrative services.                   DETAIL: This is no change compared to estimated FY 2016.</p>
	\$ 40,000				
	<u>20,000</u>				
<p>27 26 b. To the department of human rights for staffing,                  27 27 administration, and implementation of the family development                  27 28 and self-sufficiency grant program in accordance with section                  27 29 216A.107:</p> <table border="0" style="margin-left: 20px;"> <tr> <td style="border-top: 1px dotted black; width: 150px;"></td> <td style="text-align: right;">\$ 3,096,417</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: right;"><u>6,192,834</u></td> </tr> </table>		\$ 3,096,417		<u>6,192,834</u>	<p>Allocates \$6,192,834 of the FY 2016 General Fund appropriation and TANF funds to the Department of Human Rights for the FaDSS (Family Development and Self Sufficiency) Grant Program.                   DETAIL: This is no change compared to estimated FY 2015.</p>
	\$ 3,096,417				
	<u>6,192,834</u>				
<p>27 32 (1) Of the funds allocated for the family development                  27 33 and self-sufficiency grant program in this paragraph "b",                  27 34 not more than 5 percent of the funds shall be used for the                  27 35 administration of the grant program.</p>	<p>Specifies that a maximum of 5.00% of the allocation be spent on administration of FaDSS Program grants.</p>				
<p>28 1 (2) The department of human rights may continue to implement                  28 2 the family development and self-sufficiency grant program                  28 3 statewide during fiscal year 2016-2017.</p>	<p>Permits the Department of Human Rights to continue to implement the FaDSS Grant Program in FY 2017.</p>				
<p>28 4 (3) The department of human rights may engage in activities                  28 5 to strengthen and improve family outcomes measures and                  28 6 data collection systems under the family development and                  28 7 self-sufficiency grant program.</p>	<p></p>				
<p>28 8 c. For the diversion subaccount of the FIP account:</p> <table border="0" style="margin-left: 20px;"> <tr> <td style="border-top: 1px dotted black; width: 150px;"></td> <td style="text-align: right;">\$ 407,500</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: right;"><u>815,000</u></td> </tr> </table>		\$ 407,500		<u>815,000</u>	<p>Allocates \$815,000 of FY 2017 TANF funds for the FIP Diversion Subaccount.</p>
	\$ 407,500				
	<u>815,000</u>				

28 11 A portion of the moneys allocated for the subaccount may  
 28 12 be used for field operations, salaries, data management  
 28 13 system development, and implementation costs and support  
 28 14 deemed necessary by the director of human services in order  
 28 15 to administer the FIP diversion program. To the extent  
 28 16 moneys allocated in this paragraph "c" are not deemed by the  
 28 17 department to be necessary to support diversion activities,  
 28 18 such moneys may be used for other efforts intended to increase  
 28 19 engagement by family investment program participants in work,  
 28 20 education, or training activities.

DETAIL: This is no change compared to estimated FY 2016.

28 21 d. For the food assistance employment and training program:  
 28 22 ..... \$ 33,294  
 28 23 ..... 66,588

Allocates \$66,588 of FY 2017 FIP funds to the Food Stamp Employment and Training Program.

DETAIL: This is no change compared to estimated FY 2016.

28 24 (1) The department shall apply the federal supplemental  
 28 25 nutrition assistance program (SNAP) employment and training  
 28 26 state plan in order to maximize to the fullest extent permitted  
 28 27 by federal law the use of the 50 percent federal reimbursement  
 28 28 provisions for the claiming of allowable federal reimbursement  
 28 29 funds from the United States department of agriculture  
 28 30 pursuant to the federal SNAP employment and training program  
 28 31 for providing education, employment, and training services  
 28 32 for eligible food assistance program participants, including  
 28 33 but not limited to related dependent care and transportation  
 28 34 expenses.

Requires the Department to amend the Food Stamp Employment and Training state Plan to maximize federal matching funds received.

28 35 (2) The department shall continue the categorical federal  
 29 1 food assistance program eligibility at 160 percent of the  
 29 2 federal poverty level and continue to eliminate the asset test  
 29 3 from eligibility requirements, consistent with federal food  
 29 4 assistance program requirements. The department shall include  
 29 5 as many food assistance households as is allowed by federal  
 29 6 law. The eligibility provisions shall conform to all federal  
 29 7 requirements including requirements addressing individuals who  
 29 8 are incarcerated or otherwise ineligible.

Requires the DHS to continue Food Assistance Program eligibility to persons with income up to 160.00% of the Federal Poverty Level (FPL). The DHS is to conform to all federal requirements including requirements addressing individuals that are incarcerated.

29 9 e. For the JOBS program:  
 29 10 ..... \$ 8,770,199  
 29 11 ..... 16,129,101

Permits the DHS to allocate \$16,129,101 of the FY 2017 General Fund appropriation and TANF funds for the PROMISE JOBS Program.

DETAIL: This is a decrease of \$1,411,297 compared to estimated FY 2016 due to declining caseloads.

29 12 5. Of the child support collections assigned under FIP,  
 29 13 an amount equal to the federal share of support collections  
 29 14 shall be credited to the child support recovery appropriation

Requires the federal share of child support collections recovered by the state to be credited to the Child Support Recovery Unit. The remainder of support collected is credited to the FIP Account, and the DHS is

29 15 made in this division of this Act. Of the remainder of the  
 29 16 assigned child support collections received by the child  
 29 17 support recovery unit, a portion shall be credited to the FIP  
 29 18 account, a portion may be used to increase recoveries, and a  
 29 19 portion may be used to sustain cash flow in the child support  
 29 20 payments account. If as a consequence of the appropriations  
 29 21 and allocations made in this section the resulting amounts  
 29 22 are insufficient to sustain cash assistance payments and meet  
 29 23 federal maintenance of effort requirements, the department  
 29 24 shall seek supplemental funding. If child support collections  
 29 25 assigned under FIP are greater than estimated or are otherwise  
 29 26 determined not to be required for maintenance of effort, the  
 29 27 state share of either amount may be transferred to or retained  
 29 28 in the child support payments account.

permitted to use a portion to increase recoveries and to sustain cash flow in the Child Support Payments Account.

29 29 6. The department may adopt emergency rules for the family  
 29 30 investment, JOBS, food assistance, and medical assistance  
 29 31 programs if necessary to comply with federal requirements.

Permits the DHS to adopt emergency administrative rules for the Family Investment Program, the Food Stamp Program, and the Medical Assistance (Medicaid) Program.

29 32 Sec. 8. 2015 Iowa Acts, chapter 137, section 128, is amended  
 29 33 to read as follows:

29 34 SEC. 128. FAMILY INVESTMENT PROGRAM GENERAL FUND. There  
 29 35 is appropriated from the general fund of the state to the  
 30 1 department of human services for the fiscal year beginning July  
 30 2 1, 2016, and ending June 30, 2017, the following amount, or  
 30 3 so much thereof as is necessary, to be used for the purpose  
 30 4 designated:

General Fund appropriation to the DHS for the [Family Investment Program \(FIP\)](#), to be credited to the FIP Account. The appropriation for the FIP Account also contains funding for the PROMISE JOBS and FaDSS Programs.

30 5 To be credited to the family investment program (FIP)  
 30 6 account and used for family investment program assistance under  
 30 7 chapter 239B:

DETAIL: There is no net change from estimated FY 2016.

30 8 ..... \$ 24,336,937  
 30 9 ..... 48,673,875

The appropriation maintains the current FIP payment levels (maximum grants of \$361 per month for a family with two persons and \$426 for a family with three persons).

30 10 1. Of the funds appropriated in this section, ~~\$3,701,140~~  
 30 11 \$10,553,408 is allocated for the JOBS program.

General Fund allocation of \$10,553,408 for the PROMISE JOBS Program.

DETAIL: This is an increase of \$3,151,188 compared to estimated FY 2016.

30 12 2. Of the funds appropriated in this section, ~~\$1,656,927~~  
 30 13 \$3,313,854 is allocated for the family development and  
 30 14 self-sufficiency grant program.

General Fund allocation of \$3,313,854 for the FaDSS Program.

DETAIL: This is no change compared to the FY 2016 allocation.

30 15 3. Notwithstanding section 8.39, for the fiscal year  
 30 16 beginning July 1, 2016, if necessary to meet federal

Specifies that the DHS has the authority to transfer TANF funds to the Social Services Block Grant as necessary to meet MOE requirements.

30 17 maintenance of effort requirements; or to transfer federal  
 30 18 temporary assistance for needy families block grant funding  
 30 19 to be used for purposes of the federal social services block  
 30 20 grant; or to meet cash flow needs resulting from delays in  
 30 21 receiving federal funding; or to implement, in accordance  
 30 22 with this division of this Act, activities currently funded  
 30 23 with juvenile court services, county, or community moneys  
 30 24 and state moneys used in combination with such moneys; to  
 30 25 comply with federal requirements; or to maximize the use of  
 30 26 federal funds, the department of human services may transfer  
 30 27 funds within or between any of the appropriations made in  
 30 28 this division of this Act and appropriations in law for the  
 30 29 federal social services block grant to the department for the  
 30 30 following purposes, provided that the combined amount of state  
 30 31 and federal temporary assistance for needy families block grant  
 30 32 funding for each appropriation remains the same before and  
 30 33 after the transfer:

30 34 a. For the family investment program.

30 35 b. For child care assistance.

31 1 c. For child and family services.

31 2 d. For field operations.

31 3 e. For general administration.

31 4 ~~f. For distribution to counties or regions through the~~

31 5 ~~property tax relief fund for mental health and disability~~

31 6 ~~services as provided in an appropriation for this purpose.~~

31 7 This subsection shall not be construed to prohibit the use

31 8 of existing state transfer authority for other purposes. The

31 9 department shall report any transfers made pursuant to this

31 10 subsection to the legislative services agency.

31 11 4. Of the funds appropriated in this section, ~~\$97,839~~

31 12 \$195,678 shall be used for continuation of a grant to an

31 13 lowa-based nonprofit organization with a history of providing

31 14 tax preparation assistance to low-income lowans in order to

31 15 expand the usage of the earned income tax credit. The purpose

31 16 of the grant is to supply this assistance to underserved areas

31 17 of the state.

General Fund allocation of \$195,678 to provide tax preparation assistance for low-income lowans.

DETAIL: This is no change compared to the FY 2016 allocation.

31 18 5. Of the funds appropriated in this section, ~~\$30,000~~

31 19 \$60,000 shall be used for the continuation of an unfunded

31 20 pilot project, as defined in 441 IAC 100.1, relating to

31 21 parental obligations, in which the child support recovery

31 22 unit participates, to support the efforts of a nonprofit

31 23 organization committed to strengthening the community through

31 24 youth development, healthy living, and social responsibility

31 25 headquartered in a county with a population over 350,000.

31 26 The funds allocated in this subsection shall be used by

31 27 the recipient organization to develop a larger community

General Fund allocation of \$60,000 for a Fatherhood Initiative Pilot Project.

DETAIL: This is no change compared to the FY 2016 allocation.

31 28 effort, through public and private partnerships, to support a  
31 29 broad-based multi-county fatherhood initiative that promotes  
31 30 payment of child support obligations, improved family  
31 31 relationships, and full-time employment.

Permits the DHS to transfer funds appropriated in this section for General Administration and Field Operations when necessary to administer the FIP.

31 32 6. The department may transfer funds appropriated in this  
31 33 section to the appropriations made in this division of this Act  
31 34 for general administration and field operations as necessary  
31 35 to administer this section and the overall family investment  
32 1 program.

32 2 Sec. 9. 2015 Iowa Acts, chapter 137, section 129, is amended  
32 3 to read as follows:

General Fund appropriation to the DHS for the [Child Support Recovery Unit](#).

32 4 SEC. 129. CHILD SUPPORT RECOVERY. There is appropriated  
32 5 from the general fund of the state to the department of human  
32 6 services for the fiscal year beginning July 1, 2016, and ending  
32 7 June 30, 2017, the following amount, or so much thereof as is  
32 8 necessary, to be used for the purposes designated:

DETAIL: This is no change in funding and an increase of 5.00 FTEs compared to estimated FY 2016. The increase in FTE positions restores to the authorized amount in FY 2016.

32 9 For child support recovery, including salaries, support,  
32 10 maintenance, and miscellaneous purposes, and for not more than  
32 11 the following full-time equivalent positions:

32 12	.....	\$	7,331,686
32 13			<u>14,663,373</u>
32 14	.....	FTEs	464.00

32 15 1. The department shall expend up to ~~\$12,164~~ \$24,329,  
32 16 including federal financial participation, for the fiscal year  
32 17 beginning July 1, 2016, for a child support public awareness  
32 18 campaign. The department and the office of the attorney  
32 19 general shall cooperate in continuation of the campaign. The  
32 20 public awareness campaign shall emphasize, through a variety  
32 21 of media activities, the importance of maximum involvement of  
32 22 both parents in the lives of their children as well as the  
32 23 importance of payment of child support obligations.

Requires the DHS to expend up to \$24,329 during FY 2017 for a child support public awareness campaign. The funding limitation includes federal funds. The campaign is to be operated in cooperation with the Office of the Attorney General and is to emphasize parental involvement and financial support.

DETAIL: This is no change compared to the FY 2016 allocation.

32 24 2. Federal access and visitation grant moneys shall be  
32 25 issued directly to private not-for-profit agencies that provide  
32 26 services designed to increase compliance with the child access  
32 27 provisions of court orders, including but not limited to  
32 28 neutral visitation sites and mediation services.

Specifies the process for utilization of receipts from federal Access and Visitation Grants.

32 29 3. The appropriation made to the department for child  
32 30 support recovery may be used throughout the fiscal year in the  
32 31 manner necessary for purposes of cash flow management, and for  
32 32 cash flow management purposes the department may temporarily  
32 33 draw more than the amount appropriated, provided the amount  
32 34 appropriated is not exceeded at the close of the fiscal year.

Permits the DHS to use the appropriation as necessary and draw more than appropriated if needed to solve any cash flow problems, provided the amount appropriated is not exceeded at the end of the fiscal year.

32 35 4. With the exception of the funding amount specified, the  
 33 1 requirements established under 2001 Iowa Acts, chapter 191,  
 33 2 section 3, subsection 5, paragraph "c", subparagraph (3), shall  
 33 3 be applicable to parental obligation pilot projects for the  
 33 4 fiscal year beginning July 1, 2016, and ending June 30, 2017.  
 33 5 Notwithstanding 441 IAC 100.8, providing for termination of  
 33 6 rules relating to the pilot projects, the rules shall remain  
 33 7 in effect until June 30, 2017.

Specifies that the Department is to continue to operate the Child Support Recovery Unit under the guidelines established in HF 732 (FY 2002 Health and Human Services Appropriations Act).

33 8 Sec. 10. 2015 Iowa Acts, chapter 137, section 132, is  
 33 9 amended to read as follows:

General Fund appropriation to the DHS for the [Medicaid Program](#).

33 10 SEC. 132. MEDICAL ASSISTANCE. There is appropriated from  
 33 11 the general fund of the state to the department of human  
 33 12 services for the fiscal year beginning July 1, 2016, and ending  
 33 13 June 30, 2017, the following amount, or so much thereof as is  
 33 14 necessary, to be used for the purpose designated:

DETAIL: This is a net increase of \$12,054,882 compared to estimated FY 2016. The changes include:

33 15 For medical assistance program reimbursement and associated  
 33 16 costs as specifically provided in the reimbursement  
 33 17 methodologies in effect on June 30, 2016, except as otherwise  
 33 18 expressly authorized by law, consistent with options under  
 33 19 federal law and regulations, and contingent upon receipt of  
 33 20 approval from the office of the governor of reimbursement for  
 33 21 each abortion performed under the program:  
 33 22 ..... \$ 651,595,782  
 33 23 ..... 1,315,246,446

- An increase of \$88,500,000 to fund Medicaid at the Forecasting Group consensus estimate.
- An increase of \$9,000,000 due to an adjustment to the estimates for drug rebate savings.
- An increase of \$3,000,000 to increase the number of slots available for the Home and Community-Based Services (HCBS) waivers.
- An increase of \$2,200,000 for a 1.0% provider rate increase for Community Based Providers.
- A decrease of \$4,000,000 to require the UI to provide matching funds for the Disproportionate Share Hospital (DSH) payment.
- A decrease of \$5,000,000 due to an adjustment to the way the Federal Medical Assistance Match (FMAP) is accounted.
- A decrease of \$7,228,408 to adjust projections to the DHS enrollment estimate.
- A decrease of \$10,000,000 due to a timing adjustment for the 2.0% incentive payment to the Managed Care Organizations (MCOs).
- A decrease of \$16,772,391 due to process improvement changes by the DHS.
- A decrease of \$18,144,319 to reallocate funds directly to the Independence and Cherokee Mental Health Institutes (MHIs).
- A decrease of \$29,500,000 to fund Medicaid at the Governor's level.

33 24 1. Iowans support reducing the number of abortions  
 33 25 performed in our state. Funds appropriated under this section  
 33 26 shall not be used for abortions, unless otherwise authorized  
 33 27 under this section.

Specifies conditions that permit the Medical Assistance Program to reimburse providers for abortion services.

33 28 2. The provisions of this section relating to abortions  
 33 29 shall also apply to the Iowa health and wellness plan created  
 33 30 pursuant to chapter 249N.

Specifies the policy on abortion applies the the Iowa Health and Wellness Program.

33 31 3. The department shall utilize not more than ~~\$30,000~~  
 33 32 \$60,000 of the funds appropriated in this section to continue  
 33 33 the AIDS/HIV health insurance premium payment program as  
 33 34 established in 1992 Iowa Acts, Second Extraordinary Session,  
 33 35 chapter 1001, section 409, subsection 6. Of the funds  
 34 1 allocated in this subsection, not more than ~~\$2,500~~ \$5,000 may  
 34 2 be expended for administrative purposes.

Requires the DHS to use a maximum of \$60,000 of the funds appropriated for Medical Assistance to continue the AIDS/HIV Health Insurance Premium Payment as established during the 1992 Second Extraordinary Session. Administrative costs are limited to \$5,000.

DETAIL: This is no change compared to the FY 2016 allocation.

34 3 4. Of the funds appropriated in this Act to the department  
 34 4 of public health for addictive disorders, ~~\$475,000~~ \$950,000  
 34 5 for the fiscal year beginning July 1, 2016, is transferred  
 34 6 to the department of human services for an integrated  
 34 7 substance-related disorder managed care system. The department  
 34 8 shall not assume management of the substance-related disorder  
 34 9 system in place of the managed care contractor unless such  
 34 10 a change in approach is specifically authorized in law.  
 34 11 The departments of human services and public health shall  
 34 12 work together to maintain the level of mental health and  
 34 13 substance-related disorder treatment services provided by the  
 34 14 managed care ~~contractor through the Iowa plan for behavioral~~  
 34 15 ~~health~~ contractors. Each department shall take the steps  
 34 16 necessary to continue the federal waivers as necessary to  
 34 17 maintain the level of services.

Requires \$950,000 of the Addictive Disorders appropriation for Substance Abuse Grants to the DPH be transferred to the Medical Assistance Program in the DHS for continuation of the Managed Substance Abuse Treatment Program.

DETAIL: This is no change compared to the FY 2016 allocation. The Managed Substance Abuse Treatment Program was funded for the first time in FY 1996.

34 18 5. a. The department shall aggressively pursue options for  
 34 19 providing medical assistance or other assistance to individuals  
 34 20 with special needs who become ineligible to continue receiving  
 34 21 services under the early and periodic screening, diagnostic,  
 34 22 and treatment program under the medical assistance program  
 34 23 due to becoming 21 years of age who have been approved for  
 34 24 additional assistance through the department's exception to  
 34 25 policy provisions, but who have health care needs in excess  
 34 26 of the funding available through the exception to policy  
 34 27 provisions.

Requires the DHS to aggressively pursue options for assisting special needs individuals that become ineligible for continued services under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program as a result of turning 21 years of age. The individuals are to have been approved for additional assistance through the DHS exception to policy process, but have health care needs exceeding available funding. This section requires the Department to allocate \$100,000 to fund one or more pilot projects focused on providing care in the community.

DETAIL: This is no change compared to the FY 2016 allocation.

34 28 b. Of the funds appropriated in this section, ~~\$50,000~~  
 34 29 \$100,000 shall be used for participation in one or more  
 34 30 pilot projects operated by a private provider to allow the  
 34 31 individual or individuals to receive service in the community  
 34 32 in accordance with principles established in *Olmstead v.*  
 34 33 *L.C.*, 527 U.S.581 (1999), for the purpose of providing  
 34 34 medical assistance or other assistance to individuals with  
 34 35 special needs who become ineligible to continue receiving  
 35 1 services under the early and periodic screening, diagnostic,  
 35 2 and treatment program under the medical assistance program

35 3 due to becoming 21 years of age who have been approved for  
 35 4 additional assistance through the department's exception to  
 35 5 policy provisions, but who have health care needs in excess  
 35 6 of the funding available through the exception to the policy  
 35 7 provisions.

35 8 6. Of the funds appropriated in this section, up to  
 35 9 ~~\$1,525,044~~ \$3,050,082 may be transferred to the field  
 35 10 operations or general administration appropriations in this  
 35 11 division of this Act for operational costs associated with Part  
 35 12 D of the federal Medicare Prescription Drug Improvement and  
 35 13 Modernization Act of 2003, Pub.L.No.108-173.

Permits the DHS to transfer up to \$3,050,082 to Field Operations or General Administration for implementation costs of the new Medicare Part D prescription drug benefit and low-income subsidy application processes.

DETAIL: This is no change compared to the FY 2016 allocation.

35 14 7. Of the funds appropriated in this section, up to  
 35 15 ~~\$224,050~~ \$442,100 may be transferred to the appropriation in  
 35 16 this division of this Act for medical contracts to be used  
 35 17 for clinical assessment services and prior authorization of  
 35 18 services.

Permits a maximum of \$442,100 of Medicaid funds to be transferred to clinical assessment services.

DETAIL: This is no change compared to the FY 2016 allocation.

35 19 8. A portion of the funds appropriated in this section  
 35 20 may be transferred to the appropriations in this division of  
 35 21 this Act for general administration, medical contracts, the  
 35 22 children's health insurance program, or field operations to be  
 35 23 used for the state match cost to comply with the payment error  
 35 24 rate measurement (PERM) program for both the medical assistance  
 35 25 and children's health insurance programs as developed by the  
 35 26 centers for Medicare and Medicaid services of the United States  
 35 27 department of health and human services to comply with the  
 35 28 federal Improper Payments Information Act of 2002, Pub.L.No.  
 35 29 107-300.

Permits the DHS to use a portion of the funds appropriated to carry out the Payment Error Rate Measurement (PERM) Program. This continues the DHS compliance with the federal Improper Payments Information Act of 2002.

35 30 9. The department shall continue to implement the  
 35 31 recommendations of the assuring better child health and  
 35 32 development initiative II (ABCDII) clinical panel to the  
 35 33 Iowa early and periodic screening, diagnostic, and treatment  
 35 34 services healthy mental development collaborative board  
 35 35 regarding changes to billing procedures, codes, and eligible  
 36 1 service providers.

Specifies legislative intent that the DHS continue to implement the recommendations of the Assuring Better Child Health and Development (ABCD II) Clinical Panel for changes to billing procedures, codes, and eligible service providers.

36 2 10. Of the funds appropriated in this section, a sufficient  
 36 3 amount is allocated to supplement the incomes of residents of  
 36 4 nursing facilities, intermediate care facilities for persons  
 36 5 with mental illness, and intermediate care facilities for  
 36 6 persons with an intellectual disability, with incomes of less  
 36 7 than \$50 in the amount necessary for the residents to receive a  
 36 8 personal needs allowance of \$50 per month pursuant to section  
 36 9 249A.30A.

Requires the DHS to provide residents in nursing facilities (ICF/IDs and ICF/MIs) with a personal needs allowance of \$50 per month.

DETAIL: This is no change compared to the FY 2016 allowance.

36 10 ~~11. Of the funds appropriated in this section, the following~~  
 36 11 ~~amounts are transferred to the appropriations made in this~~  
 36 12 ~~division of this Act for the state mental health institutes:~~  
 36 13 ~~a. Cherokee mental health institute \$4,549,242~~  
 36 14 ~~b. Independence mental health institute \$4,522,947~~

Eliminates the transfer of Medicaid funds to the Mental Health Institutes (MHIs).

DETAIL: Funds will be appropriated directly to the MHIs at Cherokee and Independence and there is no overall change in funding to the two Institutions.

36 15 12. a. ~~Of the funds appropriated in this section,~~  
 36 16 ~~\$2,041,939 is allocated for the state match for a~~  
 36 17 ~~disproportionate share hospital payment of \$4,544,712 to~~  
 36 18 ~~The hospitals that meet both of the conditions specified~~  
 36 19 ~~in subparagraphs (1) and (2). In addition, the hospitals~~  
 36 20 ~~that meet the conditions specified shall either certify~~  
 36 21 ~~public expenditures or transfer to the medical assistance~~  
 36 22 ~~program an amount equal to provide the nonfederal share~~  
 36 23 ~~for a disproportionate share hospital payment of \$8,772,003~~  
 36 24 ~~\$26,633,430. The hospitals that meet the conditions~~  
 36 25 ~~specified shall receive and retain 100 percent of the total~~  
 36 26 ~~disproportionate share hospital payment of \$13,316,715~~  
 36 27 ~~\$26,633,430.~~

Eliminates the state allocation of Medicaid funds for the state match for the Disproportionate Share Hospital (DSH) payment. The UIHC is to either use Certified Public Expenditures or transfer \$26,633,430 to the Medicaid Program to provide the nonfederal share of the DSH payment. The UIHC will retain 100.00% of the DSH payment.

36 28 (1) The hospital qualifies for disproportionate share and  
 36 29 graduate medical education payments.

36 30 (2) The hospital is an Iowa state-owned hospital with more  
 36 31 than 500 beds and eight or more distinct residency specialty  
 36 32 or subspecialty programs recognized by the American college of  
 36 33 graduate medical education.

36 34 b. Distribution of the disproportionate share payments  
 36 35 shall be made on a monthly basis. The total amount of  
 37 1 disproportionate share payments including graduate medical  
 37 2 education, enhanced disproportionate share, and Iowa  
 37 3 state-owned teaching hospital payments shall not exceed the  
 37 4 amount of the state's allotment under Pub.L.No.102-234.  
 37 5 In addition, the total amount of all disproportionate  
 37 6 share payments shall not exceed the hospital-specific  
 37 7 disproportionate share limits under Pub.L.No.103-66.

Specifies that the DSH payments are to be distributed on a monthly basis and the DSH payments are not to exceed the federal limit.

37 8 c. The university of Iowa hospitals and clinics shall either  
 37 9 certify public expenditures or transfer to the appropriations  
 37 10 made in this division of this Act for medical assistance an  
 37 11 amount equal to provide the nonfederal share for increased  
 37 12 medical assistance payments for inpatient and outpatient  
 37 13 hospital services of ~~\$4,950,000~~ \$9,900,000. The university of  
 37 14 Iowa hospitals and clinics shall receive and retain 100 percent  
 37 15 of the total increase in medical assistance payments.

Requires the UIHC to use Certified Public Expenditures or transfer funds to the Medicaid Program to fund the nonfederal share for increased Medicaid payments for inpatient and outpatient services of \$9,900,000. The UIHC will retain 100.00% of the increased Medicaid payments.

37 16 d. Payment methodologies utilized for disproportionate

Specifies that methodologies used for DSH, Graduate Medical

<p>37 17 share hospitals and graduate medical education, and other  37 18 supplemental payments under the Medicaid program may be  37 19 adjusted or converted to other methodologies or payment types  37 20 to provide these payments through Medicaid managed care after  37 21 <u>April 1, 2016</u>. The department of human services shall obtain  37 22 approval from the centers for Medicare and Medicaid services  37 23 of the United States department of health and human services  37 24 prior to implementation of any such adjusted or converted  37 25 methodologies or payment types.</p>	<p>Education (GME), and other supplemental payments under the Medicaid Program may be adjusted or converted to other methodologies or payment types to provide these payments after the implementation of managed care.</p>
<p>37 26 13. One hundred percent of the nonfederal share of payments  37 27 to area education agencies that are medical assistance  37 28 providers for medical assistance-covered services provided to  37 29 medical assistance-covered children, shall be made from the  37 30 appropriation made in this section.</p>	<p>Allocates Medicaid funds to Area Education Agencies.</p>
<p>37 31 14. Any new or renewed contract entered into by the  37 32 department with a third party to administer services under the  37 33 medical assistance program shall provide that any interest  37 34 earned on payments from the state during the state fiscal year  37 35 shall be remitted to the department and treated as recoveries  38 1 to offset the costs of the medical assistance program.</p>	<p>Requires any new or renewed third party contract for behavioral health services to return the interest earned on payments from the state during the fiscal year back to the DHS.</p>
<p>38 2 15. A portion of the funds appropriated in this section  38 3 may be transferred to the appropriation in this division of  38 4 this Act for medical contracts to be used for administrative  38 5 activities associated with the money follows the person  38 6 demonstration project.</p>	<p>Specifies that a portion of the Medicaid funding may be transferred to Medical Contracts for administrative activities related to the Money Follows the Person Demonstration Project.</p>
<p>38 7 16. Of the funds appropriated in this section, <del>\$174,505</del>  38 8 <u>\$349,011</u> shall be used for the administration of the health  38 9 insurance premium payment program, including salaries, support,  38 10 maintenance, and miscellaneous purposes.</p>	<p>Allocates \$349,011 to the Health Insurance Premium Payment Program.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>38 11 17. a. The department may increase the amounts allocated  38 12 for salaries, support, maintenance, and miscellaneous purposes  38 13 associated with the medical assistance program, as necessary,  38 14 to implement cost containment strategies. The department shall  38 15 report any such increase to the legislative services agency and  38 16 the department of management.</p>	<p>Permits the DHS to increase amounts allocated for staff to implement the cost containment strategies in this Division.</p> <p>DETAIL: The Department is required to report any increase to the LSA and the DOM.</p>
<p>38 17 b. If the savings to the medical assistance program from  38 18 cost containment efforts exceed the cost for the fiscal  38 19 year beginning July 1, 2016, the department may transfer any  38 20 savings generated for the fiscal year due to medical assistance  38 21 program cost containment efforts to the appropriation  38 22 made in this division of this Act for medical contracts or  38 23 general administration to defray the increased contract costs</p>	<p>Permits the DHS to transfer funds to Medical Contracts or General Administration to hire additional staff to implement the cost containment strategies for FY 2016.</p>

38 24	associated with implementing such efforts.	
38 25 38 26 38 27 38 28 38 29 38 30 38 31	18. For the fiscal year beginning July 1, 2016, and ending June 30, 2017, the replacement generation tax revenues required to be deposited in the property tax relief fund pursuant to section 437A.8, subsection 4, paragraph "d", and section 437A.15, subsection 3, paragraph "f", shall instead be credited to and supplement the appropriation made in this section and used for the allocations made in this section.	Allocates approximately \$980,730 in funding from the replacement generation tax revenues to the Medicaid Program.  DETAIL: This is no change compared to the FY 2016 allocation.
38 32 38 33 38 34	<del>19. The department shall continue to administer the state balancing incentive payments program as specified in 2012 Iowa Acts, chapter 1133, section 14.</del>	Requires the Department to continue to administer the state Balancing Incentive Payment Program (BIPP) as specified in SF 2336 (FY 2013 Health and Human Services Appropriations Act).
38 35 39 1 39 2 39 3 39 4 39 5 39 6 39 7	20. a. Of the funds appropriated in this section, up to <del>\$25,000</del> <u>\$50,000</u> may be transferred by the department to the appropriation made in this division of this Act to the department for the same fiscal year for general administration to be used for associated administrative expenses and for not more than one full-time equivalent position, in addition to those authorized for the same fiscal year, to be assigned to implementing the <u>children's mental health home</u> project.	Allows the DHS to transfer up to \$50,000 to be used for administrative expenses related to the implementation of Children's Mental Health Homes.  DETAIL: This is no change compared to the FY 2016 allocation.
39 8 39 9 39 10 39 11 39 12 39 13 39 14 39 15	b. Of the funds appropriated in this section, up to <del>\$200,000</del> <u>\$400,000</u> may be transferred by the department to the appropriation made to the department in this division of this Act for the same fiscal year for Medicaid program-related general administration planning and implementation activities. The funds may be used for contracts or for personnel in addition to the amounts appropriated for and the positions authorized for general administration for the fiscal year.	Permits the DHS to transfer up to \$400,000 to be used for administrative support to implement Mental Health Redesign and the Balancing Incentive Payment Program (BIPP).  DETAIL: This is no change compared to the FY 2016 allocation.
39 16 39 17 39 18 39 19 39 20 39 21 39 22 39 23	c. Of the funds appropriated in this section, up to <del>\$1,500,000</del> <u>\$3,000,000</u> may be transferred by the department to the appropriations made in this division of this Act for the same fiscal year for general administration or medical contracts to be used to support the development and implementation of standardized assessment tools for persons with mental illness, an intellectual disability, a developmental disability, or a brain injury.	Permits the DHS to transfer up to \$3,000,000 to be used for the implementation of standardized assessment tools for persons with mental illness, intellectual disabilities, and developmental disabilities.  DETAIL: This is no change compared to the FY 2016 allocation.
39 24 39 25 39 26 39 27 39 28 39 29 39 30	21. Of the funds appropriated in this section, <del>\$125,000</del> <u>\$250,000</u> shall be used for lodging expenses associated with care provided at the university of Iowa hospitals and clinics for patients with cancer whose travel distance is 30 miles or more and whose income is at or below 200 percent of the federal poverty level as defined by the most recently revised poverty income guidelines published by the United States department of	Allocates \$250,000 to the UIHC to be used for overnight lodging for IowaCare cancer patients receiving treatment for individuals that travel 30 miles or more.  DETAIL: This is no change compared to the FY 2016 allocation.

39 31 health and human services. The department of human services  
 39 32 shall establish the maximum number of overnight stays and the  
 39 33 maximum rate reimbursed for overnight lodging, which may be  
 39 34 based on the state employee rate established by the department  
 39 35 of administrative services. The funds allocated in this  
 40 1 subsection shall not be used as nonfederal share matching  
 40 2 funds.

40 3 22. The department of human services shall not implement  
 40 4 the following cost containment strategies as recommended by the  
 40 5 governor for the fiscal year beginning July 1, 2016:  
 40 6 a. A policy to ensure that reimbursement for Medicare Part A  
 40 7 and Medicare Part B crossover claims is limited to the Medicaid  
 40 8 reimbursement rate.  
 40 9 b. An adjustment to the reimbursement policy in order to end  
 40 10 the primary care physician rate increase originally authorized  
 40 11 by the federal Health Care and Education Reconciliation  
 40 12 Act of 2010, section 1202, Pub.L. No.111-152, 42 U.S.C.  
 40 13 §1396a(a)(13)(C) that allows qualified primary care physicians  
 40 14 to receive the greater of the Medicare rate or Medicaid rate  
 40 15 for a specified set of codes.

Prohibits the DHS from implementing the cost containment strategies that would realign Medicaid reimbursement for physicians with Medicare rates and measures related to dual eligible crossover claims.

40 16 23. The department shall report the implementation of  
 40 17 any cost containment strategies to the individuals specified  
 40 18 in this division of this Act for submission of reports upon  
 40 19 implementation.

Requires the DHS to report on the implementation of the cost containment strategies.

40 20 24. The department shall report the implementation of any  
 40 21 improved processing changes and any related cost reductions  
 40 22 to the individuals specified in this division of this Act for  
 40 23 submission of reports upon implementation.

Requires the DHS to report on any process improvement changes implemented.

DETAIL: The Governor proposed \$16,772,391 in savings related to Medicaid process improvements, but no detail has been provided on how these savings will be achieved.

40 24 25. Of the funds appropriated in this section, \$3,000,000  
 40 25 shall be used to implement reductions in the waiting lists  
 40 26 of all medical assistance home and community-based services  
 40 27 waivers.

Allocates \$3,000,000 to reduce the Medicaid HCBS waiver waiting lists.

DETAIL: This is a new allocation for FY 2017.

40 28 26. The department shall submit a report to the individuals  
 40 29 identified in this Act for submission of reports, regarding  
 40 30 changes in home and community-based services waiver supported  
 40 31 employment and prevocational services by December 15, 2016.

Requires the DHS to report regarding changes in supported employment and prevocational services to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, Legislative Caucus Staffs, and the LSA.

40 32 27. The department shall require that all dental benefit  
 40 33 managers contracting with the department to provide benefits

Requires all dental benefit managers contracting with the DHS under the Dental Wellness Program to meet contract requirements identical to

40 34 under the dental wellness program meet contract requirements  
 40 35 including but not limited to those related to network adequacy,  
 41 1 access to services, performance measures, and benefit design,  
 41 2 identical to those requirements for dental benefit managers  
 41 3 contracting under the program during the fiscal year beginning  
 41 4 July 1, 2015.

those requirements in effect under the contract for FY 2016.

41 5 Sec. 11. 2015 Iowa Acts, chapter 137, section 133, is  
 41 6 amended to read as follows:

41 7 SEC. 133. MEDICAL CONTRACTS. There is appropriated from the  
 41 8 general fund of the state to the department of human services  
 41 9 for the fiscal year beginning July 1, 2016, and ending June 30,  
 41 10 2017, the following amount, or so much thereof as is necessary,  
 41 11 to be used for the purpose designated:

General Fund appropriation to Medical Contracts.

41 12 For medical contracts:  
 41 13 .....\$ 9,806,982  
 41 14 .....17,045,964

DETAIL: This is a decrease of \$2,568,000 compared to estimated FY 2016. The changes include:

- An increase of \$702,176 to replace one-time funding from the Pharmaceutical Settlement Account.
- A decrease of \$1,268,000 due to a transfer of funds available from the Autism Support Program Fund to Medicaid Contracts.
- A decrease of \$2,002,176 due to savings related to the implementation of managed care.

41 15 1. The department of inspections and appeals shall  
 41 16 provide all state matching funds for survey and certification  
 41 17 activities performed by the department of inspections  
 41 18 and appeals. The department of human services is solely  
 41 19 responsible for distributing the federal matching funds for  
 41 20 such activities.

Requires the Department of Inspections and Appeals (DIA) to provide the state matching funds for survey and certification activities.

41 21 2. Of the funds appropriated in this section, ~~\$25,000~~  
 41 22 \$50,000 shall be used for continuation of home and  
 41 23 community-based services waiver quality assurance programs,  
 41 24 including the review and streamlining of processes and policies  
 41 25 related to oversight and quality management to meet state and  
 41 26 federal requirements.

Allocates \$50,000 for an HCBS Waiver Quality Assurance Program to review and streamline processes and policies related to oversight.

DETAIL: This is no change compared to the FY 2016 allocation.

41 27 3. Of the amount appropriated in this section, up to  
 41 28 ~~\$400,000~~ \$200,000 may be transferred to the appropriation  
 41 29 for general administration in this division of this Act to  
 41 30 be used for additional full-time equivalent positions in the  
 41 31 development of key health initiatives such as cost containment,  
 41 32 development and oversight of managed care programs, and  
 41 33 development of health strategies targeted toward improved  
 41 34 quality and reduced costs in the Medicaid program.

Permits up to \$200,000 to be transferred to the DHS General Administration to hire additional FTE positions to implement cost containment or managed care oversight initiatives.

DETAIL: This is no change compared to the FY 2016 allocation.

41 35 4. Of the funds appropriated in this section, ~~\$500,000~~  
 42 1 \$1,000,000 shall be used for planning and development,  
 42 2 in cooperation with the department of public health, of a

Allocates \$1,000,000 for the I-Smile Program.

DETAIL: This is no change compared to the FY 2016 allocation.

42 3 phased-in program to provide a dental home for children.

42 4 5. Of the funds appropriated in this section, ~~\$1,000,000~~  
 42 5 \$2,000,000 shall be used for the autism support program created  
 42 6 in chapter 225D, with the exception of the following amounts of  
 42 7 this allocation which shall be used as follows:

Allocates \$2,000,000 for an Autism Treatment Program.

DETAIL: This is no change compared to the estimated FY 2016 allocation. This Program was new in FY 2014, and the funds are to be used to provide Applied Behavioral Analysis and other treatment for children that do not qualify for Medicaid or private insurance autism coverage.

42 8 a. Of the funds allocated in this subsection, ~~\$125,000~~  
 42 9 \$250,000 shall be deposited in the board-certified behavior  
 42 10 analyst and board-certified assistant behavior analyst grants  
 42 11 program fund created in section 135.181, ~~as enacted in this~~  
 42 12 ~~Act~~, to be used for the purposes of the fund.

Allocates \$250,000 from the \$2,000,000 Autism allocation for a board-certified behavioral analyst and assistant grant program.

DETAIL: This is no change compared to the FY 2016 allocation.

42 13 b. Of the funds allocated in this subsection, ~~\$12,500~~  
 42 14 \$25,000 shall be used for the public purpose of continuation  
 42 15 of a grant to a child welfare services provider headquartered  
 42 16 in a county with a population between 205,000 and 215,000 in  
 42 17 the latest certified federal census that provides multiple  
 42 18 services including but not limited to a psychiatric medical  
 42 19 institution for children, shelter, residential treatment, after  
 42 20 school programs, school-based programming, and an Asperger's  
 42 21 syndrome program, to be used for support services for children  
 42 22 with autism spectrum disorder and their families.

Allocates \$25,000 from the \$2,000,000 Autism allocation to Four Oaks for various autism spectrum disorder services.

DETAIL: This is no change compared to the FY 2016 allocation.

42 23 c. Of the funds allocated in this subsection, ~~\$12,500~~  
 42 24 \$25,000 shall be used for the public purpose of continuing a  
 42 25 grant to a hospital-based provider headquartered in a county  
 42 26 with a population between 90,000 and 95,000 in the latest  
 42 27 certified federal census that provides multiple services  
 42 28 including but not limited to diagnostic, therapeutic, and  
 42 29 behavioral services to individuals with autism spectrum  
 42 30 disorder across one's lifespan. The grant recipient shall  
 42 31 utilize the funds to continue the pilot project to determine  
 42 32 the necessary support services for children with autism  
 42 33 spectrum disorder and their families to be included in the  
 42 34 children's disabilities services system. The grant recipient  
 42 35 shall submit findings and recommendations based upon the  
 43 1 results of the pilot project to the individuals specified in  
 43 2 this division of this Act for submission of reports by December  
 43 3 31, ~~2015~~ 2016.

Allocates \$25,000 from the \$2,000,000 Autism allocation to a hospital-based provider in Dubuque County for support services for children with autism spectrum disorder and their families.

DETAIL: This is no change compared to the FY 2016 allocation.

43 4 Sec. 12. 2015 Iowa Acts, chapter 137, section 134, is  
 43 5 amended to read as follows:

43 6 SEC. 134. STATE SUPPLEMENTARY ASSISTANCE.

General Fund appropriation to the DHS for [state Supplementary](#)

43 7 1. There is appropriated from the general fund of the  
 43 8 state to the department of human services for the fiscal year  
 43 9 beginning July 1, 2016, and ending June 30, 2017, the following  
 43 10 amount, or so much thereof as is necessary, to be used for the  
 43 11 purpose designated:  
 43 12 For the state supplementary assistance program:  
 43 13 ..... \$ 6,498,593  
 43 14 ..... 11,611,442

[Assistance.](#)

DETAIL: This is a decrease of \$1,385,745 compared to estimated FY 2016 due to lower caseloads.

43 15 2. The department shall increase the personal needs  
 43 16 allowance for residents of residential care facilities by the  
 43 17 same percentage and at the same time as federal supplemental  
 43 18 security income and federal social security benefits are  
 43 19 increased due to a recognized increase in the cost of living.  
 43 20 The department may adopt emergency rules to implement this  
 43 21 subsection.

Requires the DHS to increase the personal needs allowance of residential care facility residents at the same rate and time as federal Supplemental Security Income (SSI) and Social Security benefits are increased. Permits the DHS to adopt emergency rules for implementation.

43 22 3. If during the fiscal year beginning July 1, 2016,  
 43 23 the department projects that state supplementary assistance  
 43 24 expenditures for a calendar year will not meet the federal  
 43 25 pass-through requirement specified in Tit.XVI of the federal  
 43 26 Social Security Act, section 1618, as codified in 42 U.S.C.  
 43 27 §1382g, the department may take actions including but not  
 43 28 limited to increasing the personal needs allowance for  
 43 29 residential care facility residents and making programmatic  
 43 30 adjustments or upward adjustments of the residential care  
 43 31 facility or in-home health-related care reimbursement rates  
 43 32 prescribed in this division of this Act to ensure that federal  
 43 33 requirements are met. In addition, the department may make  
 43 34 other programmatic and rate adjustments necessary to remain  
 43 35 within the amount appropriated in this section while ensuring  
 44 1 compliance with federal requirements. The department may adopt  
 44 2 emergency rules to implement the provisions of this subsection.

Permits the DHS to adjust rates for state Supplementary Assistance to meet federal MOE requirements. Permits the DHS to adopt emergency rules for implementation.

44 3 Sec. 13. 2015 Iowa Acts, chapter 137, section 135, is  
 44 4 amended to read as follows:

44 5 SEC. 135. CHILDREN'S HEALTH INSURANCE PROGRAM.

General Fund appropriation to the DHS for the [Children's Health Insurance Program](#), also known as the hawk-i Program.

44 6 1. There is appropriated from the general fund of the  
 44 7 state to the department of human services for the fiscal year  
 44 8 beginning July 1, 2016, and ending June 30, 2017, the following  
 44 9 amount, or so much thereof as is necessary, to be used for the  
 44 10 purpose designated:  
 44 11 For maintenance of the healthy and well kids in Iowa (hawk-i)  
 44 12 program pursuant to chapter 514I, including supplemental dental  
 44 13 services, for receipt of federal financial participation under  
 44 14 Tit.XXI of the federal Social Security Act, which creates the  
 44 15 children's health insurance program:

DETAIL: This is a net decrease of \$11,237,192 compared to estimated FY 2016. The changes include:

- An increase of \$371,949 due to increased cost of services and program growth.
- A decrease of \$3,768,657 due to savings related to managed care.
- A decrease of \$7,840,484 due to a 23.00% FMAP increase

44 16 ..... \$ 10,206,922  
 44 17 9,176,652

provided under the federal Affordable Care Act (ACA) and a decrease in the regular federal FMAP rate.

44 18 2. Of the funds appropriated in this section, ~~\$21,400~~  
 44 19 \$42,800 is allocated for continuation of the contract for  
 44 20 outreach with the department of public health.

Allocates \$42,800 for the continuation of an outreach contract with the DPH.

DETAIL: This is no change compared to the FY 2016 allocation.

44 21 Sec. 14. 2015 Iowa Acts, chapter 137, section 136, is  
 44 22 amended to read as follows:

44 23 SEC. 136. CHILD CARE ASSISTANCE. There is appropriated  
 44 24 from the general fund of the state to the department of human  
 44 25 services for the fiscal year beginning July 1, 2016, and ending  
 44 26 June 30, 2017, the following amount, or so much thereof as is  
 44 27 necessary, to be used for the purpose designated:

44 28 For child care programs:  
 44 29 ..... \$ 25,704,334  
 44 30 36,389,561

General Fund appropriation to the DHS for [Child Care Assistance](#).

DETAIL: This is a net decrease of \$15,019,107 compared to estimated FY 2016. The changes include:

- An increase of \$8,000,000 to implement federally mandated Child Care Development Block Grant changes.
- A decrease of \$6,619,716 to use more TANF funds to cover the increased program costs.
- A decrease of \$1,380,284 to use the estimated surplus to cover the increased program costs.
- A decrease of \$5,200,000 to use additional TANF funds to supplant General Funds.
- A decrease of \$5,992,622 due to lower estimated child care expenditures and use in FY 2017.
- A decrease of \$3,826,485 to use federal carryforward from FY 2016 to supplant FY 2017 General Funds.

44 31 1. Of the funds appropriated in this section, ~~\$21,844,620~~  
 44 32 \$30,039,561 shall be used for state child care assistance in  
 44 33 accordance with section 237A.13.

Allocates \$30,039,561 for the Child Care Assistance Program.

DETAIL: This is an decrease of \$13,649,680 compared to the FY 2016 allocation for the reasons outlined above and due to using federal funds instead of General Fund dollars on the allocations below.

44 34 2. Nothing in this section shall be construed or is  
 44 35 intended as or shall imply a grant of entitlement for services  
 45 1 to persons who are eligible for assistance due to an income  
 45 2 level consistent with the waiting list requirements of section  
 45 3 237A.13. Any state obligation to provide services pursuant to  
 45 4 this section is limited to the extent of the funds appropriated  
 45 5 in this section.

Specifies that assistance from the Child Care Assistance Program is not an entitlement and the state's obligation to provide services is limited to the funds available.

45 6 ~~3.—Of the funds appropriated in this section, \$216,226~~  
 45 7 ~~is allocated for the statewide grant program for child care~~  
 45 8 ~~resource and referral services under section 237A.26. A list~~

Eliminates the allocation for the statewide Child Care Resource and Referral Program.

45 9 of the registered and licensed child care facilities operating  
 45 10 in the area served by a child care resource and referral  
 45 11 service shall be made available to the families receiving state  
 45 12 child care assistance in that area.

DETAIL: This will now be funded using federal funds. General Fund dollars will be used to supplant the previous use of federal funds. Requires a list of the registered and licensed child care facilities to be made available by Child Care Resource and Referral Programs to families receiving assistance under the Child Care Assistance Program.

45 13 ~~4. Of the funds appropriated in this section, \$468,487~~  
 45 14 ~~is allocated for child care quality improvement initiatives~~  
 45 15 ~~including but not limited to the voluntary quality rating~~  
 45 16 ~~system in accordance with section 237A.30.~~

Eliminates the allocation for the Quality Rating System (QRS).

DETAIL: This will now be funded using federal funds. General Fund dollars will be used to supplant the previous use of federal funds.

45 17 5. Of the funds appropriated in this section, ~~\$3,175,000~~  
 45 18 \$6,350,000 shall be credited to the early childhood programs  
 45 19 grants account in the early childhood Iowa fund created  
 45 20 in section 256I.11. The moneys shall be distributed for  
 45 21 funding of community-based early childhood programs targeted  
 45 22 to children from birth through five years of age developed  
 45 23 by early childhood Iowa areas in accordance with approved  
 45 24 community plans as provided in section 256I.8.

Transfers \$6,350,000 to the Early Childhood Programs Grant Account in the Early Childhood Iowa Fund.

DETAIL: This is no change compared to the FY 2016 allocation.

45 25 6. The department may use any of the funds appropriated  
 45 26 in this section as a match to obtain federal funds for use in  
 45 27 expanding child care assistance and related programs. For  
 45 28 the purpose of expenditures of state and federal child care  
 45 29 funding, funds shall be considered obligated at the time  
 45 30 expenditures are projected or are allocated to the department's  
 45 31 service areas. Projections shall be based on current and  
 45 32 projected caseload growth, current and projected provider  
 45 33 rates, staffing requirements for eligibility determination  
 45 34 and management of program requirements including data systems  
 45 35 management, staffing requirements for administration of the  
 46 1 program, contractual and grant obligations and any transfers  
 46 2 to other state agencies, and obligations for decategorization  
 46 3 or innovation projects.

Permits funds appropriated for child care to be used as matching funds for federal grants. Specifies that funds are obligated when expenditures are projected or allocated to the DHS regions.

46 4 7. A portion of the state match for the federal child care  
 46 5 and development block grant shall be provided as necessary to  
 46 6 meet federal matching funds requirements through the state  
 46 7 general fund appropriation made for child development grants  
 46 8 and other programs for at-risk children in section 279.51.

Requires a portion of the state match for the federal Child Care and Development Block Grant to be provided from the state appropriation for child development grants and other programs for at-risk children as necessary to meet federal matching requirements.

46 9 8. If a uniform reduction ordered by the governor under  
 46 10 section 8.31 or other operation of law, transfer, or federal  
 46 11 funding reduction reduces the appropriation made in this  
 46 12 section for the fiscal year, the percentage reduction in the  
 46 13 amount paid out to or on behalf of the families participating

Requires the following related to program operations:

- Apply any reductions to the child care assistance appropriation, either state or federal, in an equal percentage across all operating areas of the program before a reduction to service

46 14 in the state child care assistance program shall be equal to or  
 46 15 less than the percentage reduction made for any other purpose  
 46 16 payable from the appropriation made in this section and the  
 46 17 federal funding relating to it. The percentage reduction to  
 46 18 the other allocations made in this section shall be the same as  
 46 19 the uniform reduction ordered by the governor or the percentage  
 46 20 change of the federal funding reduction, as applicable.  
 46 21 If there is an unanticipated increase in federal funding  
 46 22 provided for state child care assistance, the entire amount  
 46 23 of the increase shall be used for state child care assistance  
 46 24 payments. If the appropriations made for purposes of the  
 46 25 state child care assistance program for the fiscal year are  
 46 26 determined to be insufficient, it is the intent of the general  
 46 27 assembly to appropriate sufficient funding for the fiscal year  
 46 28 in order to avoid establishment of waiting list requirements.

46 29 9. Notwithstanding section 8.33, moneys advanced for  
 46 30 purposes of the programs developed by early childhood Iowa  
 46 31 areas, advanced for purposes of wraparound child care, or  
 46 32 received from the federal appropriations made for the purposes  
 46 33 of this section that remain unencumbered or unobligated at the  
 46 34 close of the fiscal year shall not revert to any fund but shall  
 46 35 remain available for expenditure for the purposes designated  
 47 1 until the close of the succeeding fiscal year.

47 2 Sec. 15. 2015 Iowa Acts, chapter 137, section 137, is  
 47 3 amended to read as follows:

47 4 SEC. 137. JUVENILE INSTITUTION. There is appropriated  
 47 5 from the general fund of the state to the department of human  
 47 6 services for the fiscal year beginning July 1, 2016, and ending  
 47 7 June 30, 2017, the following amounts, or so much thereof as is  
 47 8 necessary, to be used for the purposes designated:

47 9 1. For operation of the state training school at Eldora and  
 47 10 for salaries, support, maintenance, and miscellaneous purposes,  
 47 11 and for not more than the following full-time equivalent  
 47 12 positions:

47 13	.....	\$	6,116,710
47 14			<u>12,233,420</u>
47 15	.....	FTEs	169.30

47 16 Of the funds appropriated in this subsection, ~~\$45,575~~  
 47 17 \$91,150 shall be used for distribution to licensed classroom  
 47 18 teachers at this and other institutions under the control of  
 47 19 the department of human services based upon the average student  
 47 20 yearly enrollment at each institution as determined by the  
 47 21 department.

- payments for services is made. The reduction for payable services must be equal or less than the reduction for other items.
- Requires any unanticipated increase in federal funding to be used only for the Child Care Assistance Subsidy Program.
- Specifies that it is the intent of the General Assembly to provide sufficient funding for the Program in FY 2017 to avoid the establishment of a waiting list.

Permits nonreversion of FY 2017 funds advanced for purposes of programs developed by Early Childhood Iowa areas or purposes of wraparound child care, or received from federal appropriations for child care assistance.

General Fund appropriation to the [state Training School at Eldora](#).

DETAIL: This is no change compared to FY 2016.

General Fund allocation of \$91,150 for licensed classroom teachers in state institutions.

DETAIL: This is no change compared to the FY 2016 allocation.

47 22 2. A portion of the moneys appropriated in this section  
47 23 shall be used by the state training school at Eldora for  
47 24 grants for adolescent pregnancy prevention activities at the  
47 25 institution in the fiscal year beginning July 1, 2016.

Requires a portion of the funds appropriated for the Eldora state Training School to be used for pregnancy prevention activities in FY 2016.

47 26 Sec. 16. 2015 Iowa Acts, chapter 137, section 138, is  
47 27 amended to read as follows:

47 28 SEC. 138. CHILD AND FAMILY SERVICES.

General Fund appropriation for [Child and Family Services](#).

47 29 1. There is appropriated from the general fund of the  
47 30 state to the department of human services for the fiscal year  
47 31 beginning July 1, 2016, and ending June 30, 2017, the following  
47 32 amount, or so much thereof as is necessary, to be used for the  
47 33 purpose designated:

DETAIL: This is a net increase of \$3,603,018 compared to the FY 2016 appropriation. General Fund changes include:

47 34	For child and family services:	
47 35	.....	\$ 42,670,969
48 1		<u>88,944,956</u>

- An increase of \$5,200,000 for Juvenile Court Service juvenile delinquent graduated sanction services. This amount was previously funded using TANF dollars.
- An increase of \$1,000,000 due to a transfer of FIP funds to the System of Care Program in Cerro Gordo and Linn Counties.
- An increase of \$2,039,305 to offset a decrease in funds from the Social Services Block Grant.
- An increase of \$50,000 for a new Child Protection Center satellite office in Mason City.
- A decrease of \$208,189 due to the FMAP rate adjustment.
- A decrease of \$4,478,098 in General Fund dollars to be replaced with TANF funds.

48 2 ~~2.—Up to \$2,600,000 of~~ Of the amount of federal temporary  
48 3 ~~assistance for needy families block grant funding~~ appropriated  
48 4 ~~in this division of this Act for child and family services~~  
48 5 section. \$5,200,000 shall be ~~made available~~ used for purposes  
48 6 of juvenile delinquent graduated sanction services.

Allocates \$5,200,000 for juvenile delinquent graduated sanction services.

DETAIL: This amount was previously allocated through the federal TANF block grant funding appropriated for Child and Family Services.

48 7 3. The department may transfer funds appropriated in this  
48 8 section as necessary to pay the nonfederal costs of services  
48 9 reimbursed under the medical assistance program, state child  
48 10 care assistance program, or the family investment program which  
48 11 are provided to children who would otherwise receive services  
48 12 paid under the appropriation in this section. The department  
48 13 may transfer funds appropriated in this section to the  
48 14 appropriations made in this division of this Act for general  
48 15 administration and for field operations for resources necessary  
48 16 to implement and operate the services funded in this section.

Permits the Department to transfer funds appropriated for Child and Family Services to Medicaid, the FIP, General Administration, or Field Operations to pay for costs associated with child welfare services in these areas.

DETAIL: The General Fund appropriation includes a transfer of TANF funds appropriated for Child and Family Services to Field Operations to pay for juvenile delinquent graduated sanction services using General Fund dollars.

48 17 4. a. Of the funds appropriated in this section, up  
48 18 to ~~\$47,910,893~~ \$35,736,649 is allocated as the statewide  
48 19 expenditure target under section 232.143 for group foster care  
48 20 maintenance and services. If the department projects that such

Allocates up to \$35,736,649 for group foster care services and maintenance costs. Permits reallocation of excess funds.

DETAIL: This a decrease of \$85,137 compared to the FY 2016

48 21 expenditures for the fiscal year will be less than the target  
 48 22 amount allocated in this paragraph "a", the department may  
 48 23 reallocate the excess to provide additional funding for shelter  
 48 24 care or the child welfare emergency services addressed with the  
 48 25 allocation for shelter care.

allocation. The decrease accounts for changes in the FMAP rate and Title IV-E eligibility.

48 26 b. If at any time after September 30, 2016, annualization  
 48 27 of a service area's current expenditures indicates a service  
 48 28 area is at risk of exceeding its group foster care expenditure  
 48 29 target under section 232.143 by more than 5 percent, the  
 48 30 department and juvenile court services shall examine all  
 48 31 group foster care placements in that service area in order to  
 48 32 identify those which might be appropriate for termination.  
 48 33 In addition, any aftercare services believed to be needed  
 48 34 for the children whose placements may be terminated shall be  
 48 35 identified. The department and juvenile court services shall  
 49 1 initiate action to set dispositional review hearings for the  
 49 2 placements identified. In such a dispositional review hearing,  
 49 3 the juvenile court shall determine whether needed aftercare  
 49 4 services are available and whether termination of the placement  
 49 5 is in the best interest of the child and the community.

Requires the group foster care expenditure target to be reviewed under certain conditions and requires review hearings when appropriate.

49 6 5. In accordance with the provisions of section 232.188,  
 49 7 the department shall continue the child welfare and juvenile  
 49 8 justice funding initiative during fiscal year 2016-2017. Of  
 49 9 the funds appropriated in this section, ~~\$858,876~~ \$1,717,753  
 49 10 is allocated specifically for expenditure for fiscal year  
 49 11 2016-2017 through the decategorization services funding pools  
 49 12 and governance boards established pursuant to section 232.188.

Allocates \$1,717,753 for decategorization services.

DETAIL: This is no change compared to the FY 2016 allocation.

49 13 6. A portion of the funds appropriated in this section  
 49 14 may be used for emergency family assistance to provide other  
 49 15 resources required for a family participating in a family  
 49 16 preservation or reunification project or successor project to  
 49 17 stay together or to be reunified.

Permits a portion of the Child and Family Services appropriation to be used for emergency family assistance under specified conditions.

49 18 7. Notwithstanding section 234.35 or any other provision  
 49 19 of law to the contrary, state funding for shelter care and  
 49 20 the child welfare emergency services contracting implemented  
 49 21 to provide for or prevent the need for shelter care shall be  
 49 22 limited to ~~\$4,034,237~~ \$8,096,158.

Limits state funding for shelter care to \$8,096,158.

DETAIL: This is an increase of \$27,684 compared to the FY 2016 allocation.

49 23 8. Federal funds received by the state during the fiscal  
 49 24 year beginning July 1, 2016, as the result of the expenditure  
 49 25 of state funds appropriated during a previous state fiscal  
 49 26 year for a service or activity funded under this section are  
 49 27 appropriated to the department to be used as additional funding  
 49 28 for services and purposes provided for under this section.

Requires federal funds received in FY 2017 for the expenditure of state funds in a previous year to be used for child welfare services. Allows nonreversion of funds through FY 2018.

49 29 Notwithstanding section 8.33, moneys received in accordance  
 49 30 with this subsection that remain unencumbered or unobligated at  
 49 31 the close of the fiscal year shall not revert to any fund but  
 49 32 shall remain available for the purposes designated until the  
 49 33 close of the succeeding fiscal year.

49 34 9. a. Of the funds appropriated in this section, up to  
 49 35 ~~\$1,645,000~~ \$3,290,000 is allocated for the payment of the  
 50 1 expenses of court-ordered services provided to juveniles  
 50 2 who are under the supervision of juvenile court services,  
 50 3 which expenses are a charge upon the state pursuant to  
 50 4 section 232.141, subsection 4. Of the amount allocated in  
 50 5 this paragraph "a", up to ~~\$778,443~~ \$1,556,287 shall be made  
 50 6 available to provide school-based supervision of children  
 50 7 adjudicated under chapter 232, of which not more than ~~\$7,500~~  
 50 8 \$15,000 may be used for the purpose of training. A portion of  
 50 9 the cost of each school-based liaison officer shall be paid by  
 50 10 the school district or other funding source as approved by the  
 50 11 chief juvenile court officer.

50 12 b. Of the funds appropriated in this section, up to ~~\$374,492~~  
 50 13 \$748,985 is allocated for the payment of the expenses of  
 50 14 court-ordered services provided to children who are under the  
 50 15 supervision of the department, which expenses are a charge upon  
 50 16 the state pursuant to section 232.141, subsection 4.

50 17 c. Notwithstanding section 232.141 or any other provision  
 50 18 of law to the contrary, the amounts allocated in this  
 50 19 subsection shall be distributed to the judicial districts  
 50 20 as determined by the state court administrator and to the  
 50 21 department's service areas as determined by the administrator  
 50 22 of the department of human services' division of child and  
 50 23 family services. The state court administrator and the  
 50 24 division administrator shall make the determination of the  
 50 25 distribution amounts on or before June 15, 2016.

50 26 d. Notwithstanding chapter 232 or any other provision of  
 50 27 law to the contrary, a district or juvenile court shall not  
 50 28 order any service which is a charge upon the state pursuant  
 50 29 to section 232.141 if there are insufficient court-ordered  
 50 30 services funds available in the district court or departmental  
 50 31 service area distribution amounts to pay for the service. The  
 50 32 chief juvenile court officer and the departmental service area  
 50 33 manager shall encourage use of the funds allocated in this  
 50 34 subsection such that there are sufficient funds to pay for  
 50 35 all court-related services during the entire year. The chief  
 51 1 juvenile court officers and departmental service area managers  
 51 2 shall attempt to anticipate potential surpluses and shortfalls  
 51 3 in the distribution amounts and shall cooperatively request the

Provides the following allocations related to court-ordered services for juveniles:

- Allocates up to \$3,290,000 for court-ordered services provided to children that are under the supervision of juvenile court services. This is no change compared to the FY 2016 allocation. Of this amount, \$1,556,287 is allocated for school-based supervision of delinquent children, limits training funds to \$15,000, and requires a portion of the cost for school-based liaisons to be paid by school districts.
- Allocates \$748,985 for court-ordered services provided to children that are under the supervision of the DHS.

DETAIL: This is no change compared to the FY 2016 allocations.

Requires allocations to the judicial districts, as determined by the Court Administrator, and to the DHS districts, as determined by the Division of Child and Family Services Administrator, by June 15, 2016.

NOTE: This section is effective on enactment.

Prohibits a court from ordering any service that is a charge to the state if there are insufficient funds to reimburse the service. Requires the Chief Juvenile Court Officer to use the funds in a manner that will cover the entire fiscal year and permits funds to be transferred between districts.

51 4 state court administrator or division administrator to transfer  
 51 5 funds between the judicial districts' or departmental service  
 51 6 areas' distribution amounts as prudent.

51 7 e. Notwithstanding any provision of law to the contrary,  
 51 8 a district or juvenile court shall not order a county to pay  
 51 9 for any service provided to a juvenile pursuant to an order  
 51 10 entered under chapter 232 which is a charge upon the state  
 51 11 under section 232.141, subsection 4.

51 12 f. Of the funds allocated in this subsection, not more  
 51 13 than ~~\$41,500~~ \$83,000 may be used by the judicial branch for  
 51 14 administration of the requirements under this subsection.

51 15 g. Of the funds allocated in this subsection, ~~\$8,500~~ \$17,000  
 51 16 shall be used by the department of human services to support  
 51 17 the interstate commission for juveniles in accordance with  
 51 18 the interstate compact for juveniles as provided in section  
 51 19 232.173.

51 20 10. Of the funds appropriated in this section, ~~\$4,026,613~~  
 51 21 \$8,053,227 is allocated for juvenile delinquent graduated  
 51 22 sanctions services. Any state funds saved as a result of  
 51 23 efforts by juvenile court services to earn a federal Tit.IV-E  
 51 24 match for juvenile court services administration may be used  
 51 25 for the juvenile delinquent graduated sanctions services.

51 26 11. Of the funds appropriated in this section, ~~\$804,142~~  
 51 27 \$1,658,285 is transferred to the department of public health  
 51 28 to be used for the child protection center grant program for  
 51 29 child protection centers located in Iowa in accordance with  
 51 30 section 135.118. The grant amounts under the program shall  
 51 31 be equalized so that each center receives a uniform base  
 51 32 amount of ~~\$122,500~~ \$245,000, so that \$50,000 is awarded to  
 51 33 establish a satellite child protection center in a city in  
 51 34 north central Iowa that is the county seat of a county with  
 51 35 a population between 44,000 and 45,000 according to the 2010  
 52 1 federal decennial census, and so that the remaining funds shall  
 52 2 be are awarded through a funding formula based upon the volume  
 52 3 of children served.

52 4 12. If the department receives federal approval to  
 52 5 implement a waiver under Tit.IV-E of the federal Social

Prohibits a court from ordering a county to pay for a service provided to a juvenile that is chargeable to the state.

Prohibits expenditure of more than \$83,000 of the funds appropriated in this section by the Judicial Branch for administration related to court-ordered services.

DETAIL: This is no change compared to the FY 2016 allocation.

Allocates \$17,000 of the funds allocated to the DHS to support the Interstate Commission for Juveniles in accordance with the Interstate Compact for Juveniles.

DETAIL: This is no change compared to the FY 2016 allocation.

Allocates \$8,053,227 for juvenile delinquent graduated sanctions services.

DETAIL: This is no change compared to the FY 2016 allocation. Any state funds saved as a result of increasing federal Title IV-E claims for juvenile court services, as indicated by the 2009 Public Works Efficiency Report, may be used for graduated sanctions services.

Requires \$1,658,285 to be transferred to the DPH for the Child Protection Center (CPC) Grant Program.

DETAIL: This is an increase of \$50,000 compared to the FY 2016 allocation to be awarded for the purpose of establishing a satellite Child Protection Center in Mason City, Iowa.

Requires children that receive in-home or community-based services under a federal Title IV-E waiver to be considered placed in foster care

<p>52 6 Security Act to enable providers to serve children who remain  52 7 in the children's families and communities, for purposes of  52 8 eligibility under the medical assistance program through 25  52 9 years of age, children who participate in the waiver shall be  52 10 considered to be placed in foster care.</p>	<p>to remain eligible for Medicaid, if the DHS receives federal approval to  implement the waiver.</p>
<p>52 11 13. Of the funds appropriated in this section, <del>\$2,012,583</del>  52 12 <u>\$4,025,167</u> is allocated for the preparation for adult living  52 13 program pursuant to section 234.46.</p>	<p>Allocates \$4,025,167 for the Preparation for Adult Living (PALs)  Program.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>52 14 14. Of the funds appropriated in this section, <del>\$113,668</del>  52 15 <u>\$227,337</u> shall be used for the public purpose of continuing  52 16 a grant to a nonprofit human services organization providing  52 17 services to individuals and families in multiple locations in  52 18 southwest Iowa and Nebraska for support of a project providing  52 19 immediate, sensitive support and forensic interviews, medical  52 20 exams, needs assessments, and referrals for victims of child  52 21 abuse and their nonoffending family members.</p>	<p>Allocates \$227,337 for Project Harmony for support of victims of child  abuse and the nonoffending family members.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>52 22 15. Of the funds appropriated in this section, <del>\$150,310</del>  52 23 <u>\$300,620</u> is allocated for the foster care youth council  52 24 approach of providing a support network to children placed in  52 25 foster care.</p>	<p>Allocates \$300,620 to provide support for foster care youth councils.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>52 26 16. Of the funds appropriated in this section, <del>\$101,000</del>  52 27 <u>\$202,000</u> is allocated for use pursuant to section 235A.1 for  52 28 continuation of the initiative to address child sexual abuse  52 29 implemented pursuant to 2007 Iowa Acts, chapter 218, section  52 30 18, subsection 21.</p>	<p>Allocates \$202,000 for an initiative to address child sexual abuse.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>52 31 17. Of the funds appropriated in this section, <del>\$315,120</del>  52 32 <u>\$630,240</u> is allocated for the community partnership for child  52 33 protection sites.</p>	<p>Allocates \$630,240 for the child welfare Community Partnerships for  Child Protection sites.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>52 34 18. Of the funds appropriated in this section, <del>\$185,625</del>  52 35 <u>\$371,250</u> is allocated for the department's minority youth and  53 1 family projects under the redesign of the child welfare system.</p>	<p>Allocates \$371,250 for minority youth and family projects included in  the child welfare redesign.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>53 2 19. Of the funds appropriated in this section, <del>\$593,297</del>  53 3 <u>\$1,186,595</u> is allocated for funding of the community circle of  53 4 care collaboration for children and youth in northeast Iowa.</p>	<p>Allocates \$1,186,595 for the Circle of Care Grant in northeast Iowa.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>53 5 20. Of the funds appropriated in this section, at least</p>	<p>Allocates \$147,158 for the child welfare provider online training</p>

<p>53 6 \$73,579 <del>\$147,158</del> shall be used for the continuation of the  53 7 child welfare provider training academy, a collaboration  53 8 between the coalition for family and children's services in  53 9 Iowa and the department.</p>	<p>academy.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>53 10 21. Of the funds appropriated in this section, <del>\$105,936</del>  53 11 <del>\$211,872</del> shall be used for continuation of the central Iowa  53 12 system of care program grant through June 30, 2017.</p>	<p>Allocates \$211,872 for continuation of a System of Care Program in Polk County.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>53 13 22. Of the funds appropriated in this section, <del>\$117,500</del>  53 14 <del>\$235,000</del> shall be used for the public purpose of the  53 15 continuation and expansion of a system of care program grant  53 16 implemented in Cerro Gordo and Linn counties to utilize a  53 17 comprehensive and long-term approach for helping children  53 18 and families by addressing the key areas in a child's life  53 19 of childhood basic needs, education and work, family, and  53 20 community.</p>	<p>Allocates \$235,000 for continuation and expansion of a System of Care Program in Cerro Gordo and Linn Counties at Four Oaks.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>53 21 23. Of the funds appropriated in this section, at least  53 22 <del>\$12,500</del> <del>\$25,000</del> shall be used to continue and to expand the  53 23 foster care respite pilot program in which postsecondary  53 24 students in social work and other human services-related  53 25 programs receive experience by assisting family foster care  53 26 providers with respite and other support.</p>	<p>Allocates at least \$25,000 to continue and expand to additional counties the Foster Care Respite Pilot Program at Wartburg College for students in social work and other human service-related programs.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>53 27 24. Of the funds appropriated in this section, <del>\$55,000</del>  53 28 <del>\$110,000</del> shall be used for the public purpose of funding  53 29 community-based services and other supports with a system of  53 30 care approach for children with a serious emotional disturbance  53 31 and their families through a nonprofit provider of child  53 32 welfare services that has been in existence for more than 115  53 33 years, is located in a county with a population of more than  53 34 200,000 but less than 220,000 according to the latest census  53 35 information issued by the United States census bureau, is  54 1 licensed as a psychiatric medical institution for children, and  54 2 was a system of care grantee prior to July 1, 2016.</p>	<p>Allocates \$110,000 to the Tanager Place Mental Health Clinic.</p> <p>DETAIL: This is no change compared to the FY 2016 allocation.</p>
<p>54 3 Sec. 17. 2015 Iowa Acts, chapter 137, section 139, is  54 4 amended to read as follows:</p>	
<p>54 5 SEC. 139. ADOPTION SUBSIDY.  54 6 1. There is appropriated from the general fund of the  54 7 state to the department of human services for the fiscal year  54 8 beginning July 1, 2016, and ending June 30, 2017, the following  54 9 amount, or so much thereof as is necessary, to be used for the  54 10 purpose designated:  54 11 <u>a.</u> For adoption subsidy payments and services:</p>	<p>General Fund appropriation to the Adoption Subsidy Program.</p> <p>DETAIL: This is a net increase of \$48,378 compared to estimated FY 2016. The changes include the following:</p> <ul style="list-style-type: none"> <li>• A decrease of \$706,974 to account for changes in the Iowa FMAP rate and Title IV-E eligibility.</li> </ul>

54 12 ..... \$ 21,499,143  
 54 13 ..... 43,046,664

- An increase of \$640,303 to fund caseload growth.
- An increase of \$125,000 due to a federal mandate requiring state savings realized through Title IV-E funds and increased eligibility to be spent on child welfare services.

54 14 b. (1) The funds appropriated in this section shall be used  
 54 15 as authorized or allowed by federal law or regulation for any  
 54 16 of the following purposes:  
 54 17 (a) For adoption subsidy payments and related costs.  
 54 18 (b) For post-adoption services and for other purposes under  
 54 19 Tit.IV-B or Tit.IV-E of the federal Social Security Act.  
 54 20 (2) The department of human services may transfer funds  
 54 21 appropriated in this subsection to the appropriation for  
 54 22 child and family services in this Act for the purposes of  
 54 23 post-adoption services as specified in this paragraph "b".

Directs the Department of Human Services to use the funds appropriated to the Adoption Subsidy Program for adoption subsidy payments and post-adoption services as allowed under Title IV-B and Title IV-E of the federal Social Security Act. The DHS may also transfer funds, specifically those funds from federal Title IV-E savings, to Child and Family Services General Fund appropriation for post-adoption services. A federal mandate regarding the use of federal Title IV-E funds requires savings to be used for child welfare services.

54 24 2. The department may transfer funds appropriated in  
 54 25 this section to the appropriation made in this division of  
 54 26 this Act for general administration for costs paid from the  
 54 27 appropriation relating to adoption subsidy.

Permits the DHS to transfer funds to the General Administration appropriation for costs relating to the Program.

54 28 3. Federal funds received by the state during the  
 54 29 fiscal year beginning July 1, 2016, as the result of the  
 54 30 expenditure of state funds during a previous state fiscal  
 54 31 year for a service or activity funded under this section are  
 54 32 appropriated to the department to be used as additional funding  
 54 33 for the services and activities funded under this section.  
 54 34 Notwithstanding section 8.33, moneys received in accordance  
 54 35 with this subsection that remain unencumbered or unobligated  
 55 1 at the close of the fiscal year shall not revert to any fund  
 55 2 but shall remain available for expenditure for the purposes  
 55 3 designated until the close of the succeeding fiscal year.

Requires federal funds received in FY 2016 for the expenditure of state funds in a previous fiscal year to be used for adoption subsidies. Permits nonreversion of federal funds in this Subsection until the close of FY 2017.

55 4 Sec. 18. 2015 Iowa Acts, chapter 137, section 141, is  
 55 5 amended to read as follows:

55 6 SEC. 141. FAMILY SUPPORT SUBSIDY PROGRAM.

General Fund appropriation for the [Family Support Program](#).

55 7 1. There is appropriated from the general fund of the  
 55 8 state to the department of human services for the fiscal year  
 55 9 beginning July 1, 2016, and ending June 30, 2017, the following  
 55 10 amount, or so much thereof as is necessary, to be used for the  
 55 11 purpose designated:

DETAIL: This is a net decrease of \$4,650 compared to estimated FY 2016. The changes include:

55 12 For the family support subsidy program subject to the  
 55 13 enrollment restrictions in section 225C.37, subsection 3:  
 55 14 ..... \$ 536,966  
 55 15 ..... 1,069,282

- A decrease of \$85,650 due to a reduction in expenses as a result of children aging out of the program.
- An increase of \$81,000 to expand the Children-at-Home Program to new service areas.

55 16 2. The department shall use at least ~~\$320,750~~ \$727,500

Requires an allocation of \$727,500 from the Family Support Subsidy

55 17 of the moneys appropriated in this section for the family  
 55 18 support center component of the comprehensive family support  
 55 19 program under section 225C.47. Not more than ~~\$12,500~~ \$25,000  
 55 20 of the amount allocated in this subsection shall be used for  
 55 21 administrative costs.

appropriation to continue the Family Support Center component of the Children-at-Home Program in current counties. Permits the DHS to expand the Program to additional counties if funds are available. Administrative funding is limited to \$25,000.

DETAIL: This is an increase of \$86,000 to expand the program to new service areas.

55 22 3. If at any time during the fiscal year, the amount of  
 55 23 funding available for the family support subsidy program  
 55 24 is reduced from the amount initially used to establish the  
 55 25 figure for the number of family members for whom a subsidy  
 55 26 is to be provided at any one time during the fiscal year,  
 55 27 notwithstanding section 225C.38, subsection 2, the department  
 55 28 shall revise the figure as necessary to conform to the amount  
 55 29 of funding available.

Requires the Department to reduce funding to participants in the Family Support Subsidy Program if available funds are less than anticipated.

55 30 Sec. 19. 2015 Iowa Acts, chapter 137, section 142, is  
 55 31 amended to read as follows:

55 32 SEC. 142. CONNER DECREE. There is appropriated from the  
 55 33 general fund of the state to the department of human services  
 55 34 for the fiscal year beginning July 1, 2016, and ending June 30,  
 55 35 2017, the following amount, or so much thereof as is necessary,  
 56 1 to be used for the purpose designated:

General Fund appropriation to the DHS for [Conner Decree](#) training requirements.

DETAIL: This is no change compared to estimated FY 2016. The funds are used for training purposes to comply with the [Conner v. Branstad](#) court decision mandating placement of persons in the least restrictive setting.

56 2 For building community capacity through the coordination  
 56 3 and provision of training opportunities in accordance with the  
 56 4 consent decree of Conner v.Branstad, No.4-86-CV-30871(S.D.  
 56 5 Iowa, July 14, 1994):  
 56 6 ..... \$ 46,816  
 56 7 ..... 33,632

56 8 Sec. 20. 2015 Iowa Acts, chapter 137, section 143, is  
 56 9 amended to read as follows:

56 10 SEC. 143. MENTAL HEALTH INSTITUTES. There is appropriated  
 56 11 from the general fund of the state to the department of human  
 56 12 services for the fiscal year beginning July 1, 2016, and ending  
 56 13 June 30, 2017, the following amounts, or so much thereof as is  
 56 14 necessary, to be used for the purposes designated which amounts  
 56 15 shall not be transferred or expended for any purpose other than  
 56 16 the purposes designated, notwithstanding section 218.6 to the  
 56 17 contrary:

General Fund appropriation to the [MHI at Cherokee](#).

56 18 1. For operation of the state mental health institute at  
 56 19 Cherokee as required by chapters 218 and 226 for salaries,  
 56 20 support, maintenance, and miscellaneous purposes, and for not  
 56 21 more than the following full-time equivalent positions:  
 56 22 ..... \$ 2,772,808

DETAIL: This is an increase of \$9,098,425 and no change in FTE positions compared to estimated FY 2016 to reallocate dollars previously transferred from Medicaid directly to the MHI.

56 23		<u>14,644,041</u>
56 24	..... FTEs	169.20
56 25	2. For operation of the state mental health institute at	
56 26	Independence as required by chapters 218 and 226 for salaries,	
56 27	support, maintenance, and miscellaneous purposes, and for not	
56 28	more than the following full-time equivalent positions:	
56 29	..... \$	<u>5,162,104</u>
56 30		<u>18,552,103</u>
56 31	..... FTEs	233.00

General Fund appropriation to the [MHI at Independence](#).

DETAIL: This is a net decrease of \$8,227,894 and no change in FTE positions compared to estimated FY 2016. The changes include:

- An increase of \$9,045,894 to reallocate dollars previously transferred from Medicaid directly to the MHI.
- A decrease of \$818,000 due to an unneeded services adjustment.

56 32 Sec. 21. 2015 Iowa Acts, chapter 137, section 144, is  
 56 33 amended to read as follows:  
 56 34 SEC. 144. STATE RESOURCE CENTERS.  
 56 35 1. There is appropriated from the general fund of the  
 57 1 state to the department of human services for the fiscal year  
 57 2 beginning July 1, 2016, and ending June 30, 2017, the following  
 57 3 amounts, or so much thereof as is necessary, to be used for the  
 57 4 purposes designated:

General Fund appropriation to the [state Resource Center at Glenwood](#).

57 5	a. For the state resource center at Glenwood for salaries,	
57 6	support, maintenance, and miscellaneous purposes:	
57 7	..... \$	<u>10,762,241</u>
57 8		<u>20,719,486</u>

DETAIL: This is a decrease of \$804,996 compared to estimated FY 2016 due to an adjustment in the FMAP rate.

57 9	b. For the state resource center at Woodward for salaries,	
57 10	support, maintenance, and miscellaneous purposes:	
57 11	..... \$	<u>7,291,903</u>
57 12		<u>14,053,011</u>

General Fund appropriation to the [state Resource Center at Woodward](#).

DETAIL: This is a decrease of \$530,795 compared to estimated FY 2016 due to an adjustment in the FMAP rate.

57 13 2. The department may continue to bill for state resource  
 57 14 center services utilizing a scope of services approach used for  
 57 15 private providers of intermediate care facilities for persons  
 57 16 with an intellectual disability services, in a manner which  
 57 17 does not shift costs between the medical assistance program,  
 57 18 counties, or other sources of funding for the state resource  
 57 19 centers.

Permits the DHS to continue billing practices that do not include cost shifting.

57 20 3. The state resource centers may expand the time-limited  
 57 21 assessment and respite services during the fiscal year.

Permits the state Resource Centers to expand time-limited assessment and respite services.

DETAIL: Time-limited assessments include analysis of patient

conditions and development of therapy plans to assist families in caring for individuals with intellectual disabilities or developmental disabilities. Respite services provide care for special needs individuals for a limited duration to provide families with a temporary reprieve from caretaking responsibilities.

Specifies that FTE positions may be added at the two state Resource Centers if projected revenues are sufficient to pay the salary and support costs of the additional positions and if approved by the Department of Management.

57 22 4. If the department's administration and the department  
57 23 of management concur with a finding by a state resource  
57 24 center's superintendent that projected revenues can reasonably  
57 25 be expected to pay the salary and support costs for a new  
57 26 employee position, or that such costs for adding a particular  
57 27 number of new positions for the fiscal year would be less  
57 28 than the overtime costs if new positions would not be added,  
57 29 the superintendent may add the new position or positions. If  
57 30 the vacant positions available to a resource center do not  
57 31 include the position classification desired to be filled, the  
57 32 state resource center's superintendent may reclassify any  
57 33 vacant position as necessary to fill the desired position. The  
57 34 superintendents of the state resource centers may, by mutual  
57 35 agreement, pool vacant positions and position classifications  
58 1 during the course of the fiscal year in order to assist one  
58 2 another in filling necessary positions.

Permits a state Resource Center to open certain facilities if a service waiting list exists and funding is available.

58 3 5. If existing capacity limitations are reached in  
58 4 operating units, a waiting list is in effect for a service or  
58 5 a special need for which a payment source or other funding  
58 6 is available for the service or to address the special need,  
58 7 and facilities for the service or to address the special need  
58 8 can be provided within the available payment source or other  
58 9 funding, the superintendent of a state resource center may  
58 10 authorize opening not more than two units or other facilities  
58 11 and begin implementing the service or addressing the special  
58 12 need during fiscal year 2016-2017.

58 13 Sec. 22. 2015 Iowa Acts, chapter 137, section 145, is  
58 14 amended to read as follows:

58 15 SEC. 145. SEXUALLY VIOLENT PREDATORS.

58 16 1. There is appropriated from the general fund of the  
58 17 state to the department of human services for the fiscal year  
58 18 beginning July 1, 2016, and ending June 30, 2017, the following  
58 19 amount, or so much thereof as is necessary, to be used for the  
58 20 purpose designated:

58 21 For costs associated with the commitment and treatment of  
58 22 sexually violent predators in the unit located at the state  
58 23 mental health institute at Cherokee, including costs of legal  
58 24 services and other associated costs, including salaries,

General Fund appropriation to the DHS for the [Sexual Predator Commitment Program](#).

DETAIL: This is an increase of \$300,000 and no change in FTE positions compared to estimated FY 2016 due to additional treatment services for offenders.

58 25 support, maintenance, and miscellaneous purposes, and for not  
 58 26 more than the following full-time equivalent positions:  
 58 27 ..... \$ 4,946,539  
 58 28 ..... 10,193,079  
 58 29 ..... FTEs 132.50

58 30 2. Unless specifically prohibited by law, if the amount  
 58 31 charged provides for recoupment of at least the entire amount  
 58 32 of direct and indirect costs, the department of human services  
 58 33 may contract with other states to provide care and treatment  
 58 34 of persons placed by the other states at the unit for sexually  
 58 35 violent predators at Cherokee. The moneys received under  
 59 1 such a contract shall be considered to be repayment receipts  
 59 2 and used for the purposes of the appropriation made in this  
 59 3 section.

59 4 Sec. 23. 2015 Iowa Acts, chapter 137, section 146, is  
 59 5 amended to read as follows:

59 6 SEC. 146. FIELD OPERATIONS. There is appropriated from the  
 59 7 general fund of the state to the department of human services  
 59 8 for the fiscal year beginning July 1, 2016, and ending June 30,  
 59 9 2017, the following amount, or so much thereof as is necessary,  
 59 10 to be used for the purposes designated:  
 59 11 For field operations, including salaries, support,  
 59 12 maintenance, and miscellaneous purposes, and for not more than  
 59 13 the following full-time equivalent positions:  
 59 14 ..... \$ ~~29,460,488~~  
 59 15 ..... 54,442,877  
 59 16 ..... FTEs 1,837.00

59 17 2. Priority in filling full-time equivalent positions  
 59 18 shall be given to those positions related to child protection  
 59 19 services and eligibility determination for low-income families.

59 20 Sec. 24. 2015 Iowa Acts, chapter 137, section 147, is  
 59 21 amended to read as follows:

59 22 SEC. 147. GENERAL ADMINISTRATION. There is appropriated  
 59 23 from the general fund of the state to the department of human  
 59 24 services for the fiscal year beginning July 1, 2016, and ending  
 59 25 June 30, 2017, the following amount, or so much thereof as is  
 59 26 necessary, to be used for the purpose designated:  
 59 27 For general administration, including salaries, support,  
 59 28 maintenance, and miscellaneous purposes, and for not more than  
 59 29 the following full-time equivalent positions:  
 59 30 ..... \$ 7,449,099  
 59 31 ..... 15,373,198

Allows the DHS to contract with other states to provide treatment services at the CCUSO unit.

General Fund appropriation to the DHS for [Field Operations](#) staff and support.

DETAIL: This is a decrease of \$4,478,099 and an increase of 216.00 FTE positions compared to estimated FY 2016. The General Fund changes include:

- A decrease of \$4,478,099 in General Fund dollars to be replaced with TANF funds.
- An increase of 216.00 FTE positions to restore to the authorized FY 2016 level.

Requires priority to be given to filling positions related to child protection services and eligibility determination for low-income families.

General Fund appropriation for [General Administration](#).

DETAIL: This is an increase of \$475,000 and 16.06 FTE positions compared to FY 2016. The changes include:

- A decrease of \$25,000 due to the repeal of the Prevention of Disabilities Policy Council.
- An increase of \$200,000 for the College of Direct Support.
- An increase of \$300,000 to implement the recommendations of the Children's Mental Health and Well Being Workgroup.

59 32 ..... FTEs 309.00

- An increase of 16.06 FTE positions to restore to the authorized FY 2016 level.

59 33 2. Of the funds appropriated in this section, ~~\$75,000~~  
 59 34 \$150,000 shall be used to continue the contract for the  
 59 35 provision of a program to provide technical assistance,  
 60 1 support, and consultation to providers of habilitation services  
 60 2 and home and community-based services waiver services for  
 60 3 adults with disabilities under the medical assistance program.

Allocates \$150,000 to continue the existing contract for technical assistance for providers of habilitation services under the Home and Community-Based Services (HCBS) Waiver Program.

DETAIL: This is no change compared to the FY 2016 allocation.

60 4 3. Of the funds appropriated in this section, ~~\$25,000~~  
 60 5 \$50,000 is transferred to the Iowa finance authority to be  
 60 6 used for administrative support of the council on homelessness  
 60 7 established in section 16.2D and for the council to fulfill its  
 60 8 duties in addressing and reducing homelessness in the state.

Transfers \$50,000 to the Iowa Finance Authority (IFA) to be used for support of the Council on Homelessness.

DETAIL: This is no change compared to the FY 2016 allocation.

60 9 4. Of the funds appropriated in this section, ~~\$125,000~~  
 60 10 \$250,000 shall be transferred to and deposited in the  
 60 11 administrative fund of the Iowa ABLE savings plan trust created  
 60 12 in section 121.4, if enacted in this or any other Act, to be  
 60 13 used for implementation and administration activities of the  
 60 14 Iowa ABLE savings plan trust.

Transfers \$250,000 to the Treasurer of state to implement the ABLE Trust Act.

60 15 5. Of the funds appropriated in this section, \$300,000 shall  
 60 16 be used to contract for planning grants for the development and  
 60 17 implementation of children's mental health crisis services as  
 60 18 provided in this Act.

Transfers \$300,000 to the Department of Human Services for the purpose of contracting for two planning grants for the development and implementation of children's mental health crisis services.

DETAIL: This is a new transfer. The Act is established in Division XV of this Act.

60 19 6. Of the funds appropriated in this section, \$200,000  
 60 20 shall be used to continue to expand the provision of nationally  
 60 21 accredited and recognized internet-based training to include  
 60 22 mental health and disability services providers.

Allocates \$200,000 to contract with the College of Direct Support to provide nationally accredited internet-based training, including training for mental health and disability service providers.

DETAIL: This is a new allocation for FY 2017.

60 23 Sec. 25. 2015 Iowa Acts, chapter 137, is amended by adding  
 60 24 the following new section:

60 25 NEW SECTION SEC. 147A. DEPARTMENT-WIDE DUTIES. There  
 60 26 is appropriated from the general fund of the state to the  
 60 27 department of human services for the fiscal year beginning July  
 60 28 1, 2016, and ending June 30, 2017, the following amount, or  
 60 29 so much thereof as is necessary, to be used for the purposes  
 60 30 designated:  
 60 31 For salaries, support, maintenance, and miscellaneous  
 60 32 purposes at facilities under the purview of the department of

General Fund appropriation for the DHS facilities.  
DETAIL: This is a new appropriation of \$2,879,274 to maintain the staffing levels at DHS facilities.

60 33 human services:  
 60 34 ..... \$ 2,879,274

60 35 Sec. 26. 2015 Iowa Acts, chapter 137, section 148, is  
 61 1 amended to read as follows:

61 2 SEC. 148. VOLUNTEERS. There is appropriated from the  
 61 3 general fund of the state to the department of human services  
 61 4 for the fiscal year beginning July 1, 2016, and ending June 30,  
 61 5 2017, the following amount, or so much thereof as is necessary,  
 61 6 to be used for the purpose designated:  
 61 7 For development and coordination of volunteer services:  
 61 8 ..... \$ 42,343  
 61 9 ..... 84,686

General Fund appropriation to the DHS for the development and coordination of the [Volunteer Services Program](#).

DETAIL: This is no change compared to estimated FY 2016.

61 10 Sec. 27. 2015 Iowa Acts, chapter 137, section 149, is  
 61 11 amended to read as follows:  
 61 12 SEC. 149. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY  
 61 13 ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED UNDER THE  
 61 14 DEPARTMENT OF HUMAN SERVICES.

61 15 1. a.—(1) ~~For the fiscal year beginning July 1, 2016,~~  
 61 16 ~~the total state funding amount for the nursing facility budget~~  
 61 17 ~~shall not exceed \$151,421,458.~~  
 61 18 ~~—(2) The department, in cooperation with nursing facility~~  
 61 19 ~~representatives, shall review projections for state funding~~  
 61 20 ~~expenditures for reimbursement of nursing facilities on a~~  
 61 21 ~~quarterly basis and the department shall determine if an~~  
 61 22 ~~adjustment to the medical assistance reimbursement rate is~~  
 61 23 ~~necessary in order to provide reimbursement within the state~~  
 61 24 ~~funding amount for the fiscal year. Notwithstanding 2001~~  
 61 25 ~~Iowa Acts, chapter 192, section 4, subsection 2, paragraph~~  
 61 26 ~~“c”, and subsection 3, paragraph “a”, subparagraph (2),~~  
 61 27 ~~if the state funding expenditures for the nursing facility~~  
 61 28 ~~budget for the fiscal year are projected to exceed the amount~~  
 61 29 ~~specified in subparagraph (1), the department shall adjust~~  
 61 30 ~~the reimbursement for nursing facilities reimbursed under the~~  
 61 31 ~~case-mix reimbursement system to maintain expenditures of the~~  
 61 32 ~~nursing facility budget within the specified amount for the~~  
 61 33 ~~fiscal year.~~

Eliminates language relating to the nursing facility cap. This language is no longer necessary under managed care.

61 34 (3) For the fiscal year beginning July 1, 2016, case-mix,  
 61 35 non-case mix, and special population nursing facilities shall  
 62 1 be reimbursed in accordance with the methodology in effect on  
 62 2 June 30, 2016.

Requires methodology for calculating reimbursement for case-mix, non-case mix, and special population nursing facilities to remain the same as the methodology in effect on June 30, 2016.

62 3 (4) For any open or unsettled nursing facility cost report  
 62 4 for a fiscal year prior to and including the fiscal year

Specifies that a nursing facility cost report is not considered open or unsettled if the facility did not initiate an administrative appeal or if any

62 5 beginning July 1, 2015, including any cost report remanded on  
62 6 judicial review for inclusion of prescription drug, laboratory,  
62 7 or x-ray costs, the department shall offset all reported  
62 8 prescription drug, laboratory, and x-ray costs with any revenue  
62 9 received from Medicare or other revenue source for any purpose.  
62 10 For purposes of this subparagraph, a nursing facility cost  
62 11 report is not considered open or unsettled if the facility did  
62 12 not initiate an administrative appeal under chapter 17A or if  
62 13 any appeal rights initiated have been exhausted.

appeal rights initiated have been exhausted.

62 14 b. (1) For the fiscal year beginning July 1, 2016,  
62 15 the department shall establish the pharmacy dispensing fee  
62 16 reimbursement at \$11.73 per prescription, until a cost of  
62 17 dispensing survey is completed. The actual dispensing fee  
62 18 shall be determined by a cost of dispensing survey performed  
62 19 by the department and required to be completed by all medical  
62 20 assistance program participating pharmacies every two years,  
62 21 adjusted as necessary to maintain expenditures within the  
62 22 amount appropriated to the department for this purpose for the  
62 23 fiscal year.

Requires a pharmacy dispensing fee reimbursement rate of \$11.73 per prescription.

DETAIL: This is no change compared to the FY 2016 fee.

62 24 (2) The department shall utilize an average acquisition  
62 25 cost reimbursement methodology for all drugs covered under the  
62 26 medical assistance program in accordance with 2012 Iowa Acts,  
62 27 chapter 1133, section 33.

Requires the DHS to continue an Average Acquisition Cost (AAC) reimbursement methodology for all drugs covered under the Medicaid Program. The methodology is to utilize a survey of pharmacy invoices to determine the AAC. The Department is to provide a process for pharmacies to address average acquisition cost prices that are not reflective of the actual drug cost.

62 28 (3) Notwithstanding subparagraph (2), if the centers for  
62 29 Medicare and Medicaid services of the United States department  
62 30 of health and human services (CMS) requires, as a condition  
62 31 of federal Medicaid funding, that the department implement an  
62 32 aggregate federal upper limit (FUL) for drug reimbursement  
62 33 based on the average manufacturer's price (AMP), the department  
62 34 may utilize a reimbursement methodology for all drugs covered  
62 35 under the Medicaid program based on the national average drug  
63 1 acquisition cost (NADAC) methodology published by CMS, in order  
63 2 to assure compliance with the aggregate FUL, minimize outcomes  
63 3 of drug reimbursements below pharmacy acquisition costs, limit  
63 4 administrative costs, and minimize any change in the aggregate  
63 5 reimbursement for drugs. The department may adopt emergency  
63 6 rules to implement this subparagraph.

Specifies that if the Centers for Medicare and Medicaid Services (CMS) implements an aggregate federal upper payment limit for drug reimbursement, the DHS may use a reimbursement methodology based on the National Average Drug Acquisition Cost (NADAC).

63 7 c. (1) For the fiscal year beginning July 1, 2016,  
63 8 reimbursement rates for outpatient hospital services shall  
63 9 remain at the rates in effect on June 30, 2016, subject to  
63 10 Medicaid program upper payment limit rules, and adjusted

Requires the rate of reimbursement for outpatient hospital services to remain at the same rate in effect in FY 2016, subject to the Medicaid Upper Payment Limit (UPL) rules.

63 11 as necessary to maintain expenditures within the amount  
 63 12 appropriated to the department for this purpose for the fiscal  
 63 13 year.

63 14 (2) For the fiscal year beginning July 1, 2016,  
 63 15 reimbursement rates for inpatient hospital services shall  
 63 16 remain at the rates in effect on June 30, 2016, subject to  
 63 17 Medicaid program upper payment limit rules, and adjusted  
 63 18 as necessary to maintain expenditures within the amount  
 63 19 appropriated to the department for this purpose for the fiscal  
 63 20 year.

Requires the rate of reimbursement for inpatient services to remain at the same rate in effect in FY 2016, subject to the Medicaid UPL rules.

63 21 (3) For the fiscal year beginning July 1, 2016, the graduate  
 63 22 medical education and disproportionate share hospital fund  
 63 23 shall remain at the amount in effect on June 30, 2016, except  
 63 24 that the portion of the fund attributable to graduate medical  
 63 25 education shall be reduced in an amount that reflects the  
 63 26 elimination of graduate medical education payments made to  
 63 27 out-of-state hospitals.

Requires the rate of reimbursement for the graduate medical education and disproportionate share hospital funds to remain the same as the FY 2016 reimbursement rate.

63 28 (4) In order to ensure the efficient use of limited state  
 63 29 funds in procuring health care services for low-income lowans,  
 63 30 funds appropriated in this Act for hospital services shall  
 63 31 not be used for activities which would be excluded from a  
 63 32 determination of reasonable costs under the federal Medicare  
 63 33 program pursuant to 42 U.S.C.§1395x(v)(1)(N).

Requires funds appropriated for hospital activities to be used for activities pursuant to the federal Medicare program.

63 34 d. For the fiscal year beginning July 1, 2016, reimbursement  
 63 35 rates for ~~rural health clinics~~, hospices, and acute mental  
 64 1 hospitals shall be increased in accordance with increases under  
 64 2 the federal Medicare program or as supported by their Medicare  
 64 3 audited costs.

Requires hospice services, and acute mental hospitals to be reimbursed at the rate established under the federal Medicare Program for FY 2017.

64 4 e. For the fiscal year beginning July 1, 2016, independent  
 64 5 laboratories and rehabilitation agencies shall be reimbursed  
 64 6 using the same methodology in effect on June 30, 2016.

Requires reimbursement methodology for independent laboratories and rehabilitation agencies to remain the same as the methodology in FY 2016.

64 7 f. (1) For the fiscal year beginning July 1, 2016,  
 64 8 reimbursement rates for home health agencies shall continue to  
 64 9 be based on the Medicare low utilization payment adjustment  
 64 10 (LUPA) methodology with state geographic wage adjustments, and  
 64 11 updated to reflect the most recent Medicare LUPA rates within  
 64 12 the amount appropriated to the department for this purpose for  
 64 13 the fiscal year.

Requires rates for home health agencies to be based on the Medicare Low Utilization Payment Amount (LUPA) and adjusted to reflect the most recent Medicare LUPA rates for FY 2017 within the amount appropriated.

DETAIL: No additional funding was appropriated for FY 2017.

64 14 (2) For the fiscal year beginning July 1, 2016, rates for  
 64 15 private duty nursing and personal care services under the early  
 64 16 and periodic screening, diagnostic, and treatment program

Requires rates for private duty nursing and personal care services under the Early Periodic Screening, Diagnostic, and Treatment (EPSDT) Program to remain the same as the methodology in FY 2016.

64 17 benefit shall be calculated based on the methodology in effect  
64 18 on June 30, 2016.

64 19 g. For the fiscal year beginning July 1, 2016, federally  
64 20 qualified health centers and rural health clinics shall receive  
64 21 cost-based reimbursement for 100 percent of the reasonable  
64 22 costs for the provision of services to recipients of medical  
64 23 assistance.

Requires the DHS to reimburse federally qualified health centers and rural health clinics for 100.00% of the reasonable costs for provision of services to Medical Assistance Program recipients.

64 24 h. For the fiscal year beginning July 1, 2016, the  
64 25 reimbursement rates for dental services shall remain at the  
64 26 rates in effect on June 30, 2016.

Requires the reimbursement rates for dental services to remain at the rate in effect in FY 2016.

64 27 i. (1) For the fiscal year beginning July 1, 2016,  
64 28 state-owned psychiatric medical institutions for children shall  
64 29 receive cost-based reimbursement for 100 percent of the actual  
64 30 and allowable costs for the provision of services to recipients  
64 31 of medical assistance.

Requires the reimbursement rates for state-owned Psychiatric Medical Institutions for Children (PMICs) to be set at 100.00% of allowable costs.

64 32 (2) For the nonstate-owned psychiatric medical institutions  
64 33 for children, reimbursement rates shall be based on the  
64 34 reimbursement methodology developed by the Medicaid managed  
64 35 care contractor for behavioral health services as required for  
65 1 federal compliance.

Requires nonstate-owned PMICs to be reimbursed based on the reimbursement methodology developed by the DHS.

65 2 (3) As a condition of participation in the medical  
65 3 assistance program, enrolled providers shall accept the medical  
65 4 assistance reimbursement rate for any covered goods or services  
65 5 provided to recipients of medical assistance who are children  
65 6 under the custody of a psychiatric medical institution for  
65 7 children.

Requires PMIC providers to accept the Medicaid rate for any covered goods or services for children under the custody of the PMIC.

65 8 j. For the fiscal year beginning July 1, 2016, unless  
65 9 otherwise specified in this Act, all noninstitutional medical  
65 10 assistance provider reimbursement rates shall remain at the  
65 11 rates in effect on June 30, 2016, except for area education  
65 12 agencies, local education agencies, infant and toddler  
65 13 services providers, home and community-based services providers  
65 14 including consumer-directed attendant care providers under a  
65 15 section 1915(c) or 1915(i) waiver, targeted case management  
65 16 providers, and those providers whose rates are required to be  
65 17 determined pursuant to section 249A.20.

Requires the reimbursement rates for all noninstitutional Medical Assistance providers, with specified exceptions, to remain at the rate in effect in FY 2016.

65 18 k. Notwithstanding any provision to the contrary, for the  
65 19 fiscal year beginning July 1, 2016, the reimbursement rate for  
65 20 anesthesiologists shall remain at the rate in effect on June  
65 21 30, 2016.

Requires the reimbursement rates for anesthesiologists to remain at the rate in effect in FY 2016.

65 22 l. Notwithstanding section 249A.20, for the fiscal year

Requires the rates for health care providers eligible for use of the

65 23 beginning July 1, 2016, the average reimbursement rate for  
 65 24 health care providers eligible for use of the federal Medicare  
 65 25 resource-based relative value scale reimbursement methodology  
 65 26 under section 249A.20 shall remain at the rate in effect on  
 65 27 June 30, 2016; however, this rate shall not exceed the maximum  
 65 28 level authorized by the federal government.

federal Medicare resource-based relative value scale reimbursement methodology to remain at the rates in effect in FY 2016, and not to exceed the maximum level authorized by the federal government.

65 29 m. For the fiscal year beginning July 1, 2016, the  
 65 30 reimbursement rate for residential care facilities shall not  
 65 31 be less than the minimum payment level as established by the  
 65 32 federal government to meet the federally mandated maintenance  
 65 33 of effort requirement. The flat reimbursement rate for  
 65 34 facilities electing not to file annual cost reports shall not  
 65 35 be less than the minimum payment level as established by the  
 66 1 federal government to meet the federally mandated maintenance  
 66 2 of effort requirement.

Requires the reimbursement rates for residential care facilities to be no less than the minimum payment level required to meet the federal requirement.

66 3 n. For the fiscal year beginning July 1, 2016, the  
 66 4 reimbursement rates for inpatient mental health services  
 66 5 provided at hospitals shall remain at the rates in effect on  
 66 6 June 30, 2016, subject to Medicaid program upper payment limit  
 66 7 rules; and psychiatrists shall be reimbursed at the medical  
 66 8 assistance program fee-for-service rate in effect on June 30,  
 66 9 2016.

Requires the reimbursement rates for inpatient psychiatric hospital services to remain at the rate in effect in FY 2016.

66 10 o. For the fiscal year beginning July 1, 2016, community  
 66 11 mental health centers may choose to be reimbursed for the  
 66 12 services provided to recipients of medical assistance through  
 66 13 either of the following options:  
 66 14 (1) For 100 percent of the reasonable costs of the services.  
 66 15 (2) In accordance with the alternative reimbursement rate  
 66 16 methodology ~~established by the medical assistance program's~~  
 66 17 ~~managed care contractor for mental health services and approved~~  
 66 18 ~~by the department of human services in effect on June 30, 2016.~~

Allows Community Mental Health Centers (CMHC) to choose between two different methodologies for reimbursement. The first option allows the CMHCs to be reimbursed at 100.00% of reasonable cost of service, and uses a cost settlement methodology. The second option is based on rate in effect in FY 2016.

66 19 p. For the fiscal year beginning July 1, 2016, the  
 66 20 reimbursement rate for providers of family planning services  
 66 21 that are eligible to receive a 90 percent federal match shall  
 66 22 remain at the rates in effect on June 30, 2016.

Requires the reimbursement rates for family planning services to remain at the rate in effect in FY 2016.

66 23 q. For the fiscal year beginning July 1, 2016, the upper  
 66 24 limits on reimbursement rates for providers of home and  
 66 25 community-based services waiver services shall remain at the  
 66 26 limits in effect on June 30, 2016.

Requires the upper payment limits on reimbursement rates for home and community-based services waiver services to remain at the rate in effect in FY 2016.

66 27 r. For the fiscal year beginning July 1, 2016, the  
 66 28 reimbursement rates for emergency medical service providers  
 66 29 shall remain at the rates in effect on June 30, 2016.

Requires the reimbursement rates for emergency medical providers to remain at the rate in effect in FY 2016.

<p>66 30 <u>s. For the fiscal year beginning July 1, 2016, the</u>  66 31 <u>reimbursement rates for community providers shall be increased</u>  66 32 <u>by 1 percent over the fee-for-service rates in effect on June</u>  66 33 <u>30, 2016.</u></p>	<p>Requires the reimbursement rate for Community Providers to be increased by 1.0% over the rate in effect on June 30, 2015.</p> <p>DETAIL: This change is estimated to cost the Medicaid Program \$2,200,000 in FY 2017.</p>
<p>66 34 2. For the fiscal year beginning July 1, 2016, the  66 35 reimbursement rate for providers reimbursed under the  67 1 in-home-related care program shall not be less than the minimum  67 2 payment level as established by the federal government to meet  67 3 the federally mandated maintenance of effort requirement.</p>	<p>Requires that the minimum reimbursement payment for providers for the In-Home-Related Care Program to be no less than the minimum payment established by the federal government for FY 2017.</p>
<p>67 4 3. Unless otherwise directed in this section, when the  67 5 department's reimbursement methodology for any provider  67 6 reimbursed in accordance with this section includes an  67 7 inflation factor, this factor shall not exceed the amount  67 8 by which the consumer price index for all urban consumers  67 9 increased during the calendar year ending December 31, 2002.</p>	<p>Specifies that when the required reimbursement methodology for providers under this section includes an inflation factor, the factor cannot exceed the increase in the Consumer Price Index (CPI) for Urban Consumers for the calendar year ending December 31, 2002.</p>
<p>67 10 4.—<del>For</del> <u>Notwithstanding section 234.38, for</u> the fiscal  67 11 year beginning July 1, 2016, the foster family basic daily  67 12 maintenance rate and the maximum adoption subsidy rate for  67 13 children ages 0 through 5 years shall be \$16.78, the rate for  67 14 children ages 6 through 11 years shall be \$17.45, the rate for  67 15 children ages 12 through 15 years shall be \$19.10, and the  67 16 rate for children and young adults ages 16 and older shall  67 17 be \$19.35. For youth ages 18 to 21 who have exited foster  67 18 care, the preparation for adult living program maintenance rate  67 19 shall be \$602.70 per month. The maximum payment for adoption  67 20 subsidy nonrecurring expenses shall be limited to \$500 and the  67 21 disallowance of additional amounts for court costs and other  67 22 related legal expenses implemented pursuant to 2010 Iowa Acts,  67 23 chapter 1031, section 408, shall be continued.</p>	<p>Requires the reimbursement rates for the foster family basic daily maintenance rate and the maximum adoption subsidy rate for children from birth through age 21 to remain at the rate in effect for FY 2016.</p>
<p>67 24 5. For the fiscal year beginning July 1, 2016, the maximum  67 25 reimbursement rates for social services providers under  67 26 contract shall remain at the rates in effect on June 30, 2016,  67 27 or the provider's actual and allowable cost plus inflation for  67 28 each service, whichever is less. However, if a new service  67 29 or service provider is added after June 30, 2016, the initial  67 30 reimbursement rate for the service or provider shall be based  67 31 upon a weighted average of provider rates for similar services.</p>	<p>Requires the reimbursement rate for social services providers under contract to remain at the rate in effect for FY 2016.</p>
<p>67 32 6. For the fiscal year beginning July 1, 2016, the  67 33 reimbursement rates for resource family recruitment and  67 34 retention contractors, child welfare emergency services  67 35 contractors, and supervised apartment living foster care</p>	<p>Requires the reimbursement rates for the resource family recruitment and retention contractors, child welfare emergency services contractors, and supervised apartment living foster care providers to remain at the rate in effect in FY 2016.</p>

68 1 providers shall remain at the rates in effect on June 30, 2016.

68 2 7. a. For the purposes of this subsection, “combined  
68 3 reimbursement rate” means the combined service and maintenance  
68 4 reimbursement rate for a service level under the department’s  
68 5 reimbursement methodology. Effective July 1, 2016, the  
68 6 combined reimbursement rate for a group foster care service  
68 7 level shall be the amount designated in this subsection.  
68 8 However, if a group foster care provider’s reimbursement rate  
68 9 for a service level as of June 30, 2016, is more than the rate  
68 10 designated in this subsection, the provider’s reimbursement  
68 11 shall remain at the higher rate.

68 12 b. Unless a group foster care provider is subject to the  
68 13 exception provided in paragraph “a”, effective July 1, 2016,  
68 14 the combined reimbursement rates for the service levels under  
68 15 the department’s reimbursement methodology shall be as follows:

68 16 (1) For service level, community - D1, the daily rate shall  
68 17 be at least \$84.17.

68 18 (2) For service level, comprehensive - D2, the daily rate  
68 19 shall be at least \$119.09.

68 20 (3) For service level, enhanced - D3, the daily rate shall  
68 21 be at least \$131.09.

68 22 8. The group foster care reimbursement rates paid for  
68 23 placement of children out of state shall be calculated  
68 24 according to the same rate-setting principles as those used for  
68 25 in-state providers, unless the director of human services or  
68 26 the director’s designee determines that appropriate care cannot  
68 27 be provided within the state. The payment of the daily rate  
68 28 shall be based on the number of days in the calendar month in  
68 29 which service is provided.

68 30 9. a. For the fiscal year beginning July 1, 2016, the  
68 31 reimbursement rate paid for shelter care and the child welfare  
68 32 emergency services implemented to provide or prevent the need  
68 33 for shelter care shall be established by contract.

68 34 b. For the fiscal year beginning July 1, 2016, the combined  
68 35 service and maintenance components of the reimbursement rate  
69 1 paid for shelter care services shall be based on the financial  
69 2 and statistical report submitted to the department. The  
69 3 maximum reimbursement rate shall be \$101.83 per day. The  
69 4 department shall reimburse a shelter care provider at the  
69 5 provider’s actual and allowable unit cost, plus inflation, not  
69 6 to exceed the maximum reimbursement rate.

69 7 c. Notwithstanding section 232.141, subsection 8, for the  
69 8 fiscal year beginning July 1, 2016, the amount of the statewide

Requires the rate for group foster care providers to remain at the rate in effect in FY 2016.

Requires the group foster care reimbursement rates paid for placement of children out-of-state to be calculated according to the same rate-setting principles as those used for in-state providers, unless the Director of the DHS determines that appropriate care cannot be provided in the state. Also, requires payment of the daily rate to be based on the number of days in the calendar month this service is provided.

Requires the statewide average reimbursement rates paid to shelter care providers to be established by contract.

Requires the FY 2017 combined service and maintenance components of the reimbursement rate paid to shelter care providers to be based on the cost report submitted to the DHS. Also, requires a maximum reimbursement rate of \$101.83 per day and requires the DHS to reimburse shelter care providers at the actual and allowable unit cost, plus inflation, not to exceed the maximum reimbursement rate.

Requires the statewide Average Reimbursement Rates paid to shelter care providers in FY 2017 to remain at the rate in effect in FY 2016.

69 9 average of the actual and allowable rates for reimbursement of  
 69 10 juvenile shelter care homes that is utilized for the limitation  
 69 11 on recovery of unpaid costs shall remain at the amount in  
 69 12 effect for this purpose in the fiscal year beginning July 1,  
 69 13 2015.

NOTE: During the 2016 legislative session, SF 2035 increased the statewide Average of the Actual and Allowable by \$4.85 retroactively to July 1, 2015.

69 14 10. For the fiscal year beginning July 1, 2016, the  
 69 15 department shall calculate reimbursement rates for intermediate  
 69 16 care facilities for persons with an intellectual disability  
 69 17 at the 80th percentile. Beginning July 1, 2016, the rate  
 69 18 calculation methodology shall utilize the consumer price index  
 69 19 inflation factor applicable to the fiscal year beginning July  
 69 20 1, 2016.

Requires the DHS to calculate reimbursement rates for Intermediate Care Facilities for persons with Intellectual Disabilities (ICF/IDs) at the 80th percentile for FY 2016.

69 21 11. For the fiscal year beginning July 1, 2016, for child  
 69 22 care providers reimbursed under the state child care assistance  
 69 23 program, the department shall set provider reimbursement  
 69 24 rates based on the rate reimbursement survey completed in  
 69 25 December 2004. Effective July 1, 2016, the child care provider  
 69 26 reimbursement rates shall remain at the rates in effect on June  
 69 27 30, 2016. The department shall set rates in a manner so as  
 69 28 to provide incentives for a nonregistered provider to become  
 69 29 registered by applying the increase only to registered and  
 69 30 licensed providers.

Requires the DHS to set FY 2017 provider reimbursement rates for child care providers based on the rate reimbursement survey completed in December 2004 and at the same level as FY 2016.

69 31 11A. For the fiscal year beginning July 1, 2016,  
 69 32 notwithstanding any provision to the contrary under this  
 69 33 section, affected providers or services shall instead be  
 69 34 reimbursed as follows:  
 69 35 a. For fee-for-service claims, reimbursement shall be  
 70 1 calculated based on the methodology otherwise specified in this  
 70 2 section for the fiscal year beginning July 1, 2016, for the  
 70 3 respective provider or service.  
 70 4 b. For claims subject to a managed care contract,  
 70 5 reimbursement shall be based on the methodology established  
 70 6 by the managed care organization contract. However, any  
 70 7 reimbursement established under such contract shall not be  
 70 8 lower than the reimbursement otherwise specified in this  
 70 9 section for fee-for-service claims for the fiscal year  
 70 10 beginning July 1, 2016, for the respective provider or service.

Specifies that fee-for-service claims are to be calculated based on the methodology in this section for FY 2017 and managed care rates are to be based on the methodology established by the managed care company, but cannot be lower than the rates in the section for fee-for-service.

70 11 13. The department may adopt emergency rules to implement  
 70 12 this section.

Permits the DHS to adopt emergency rules to implement this section.

70 13 Sec. 28. 2015 Iowa Acts, chapter 137, is amended by adding  
 70 14 the following new section:  
 70 15 NEW SECTION SEC. 151A. TRANSFER OF MEDICAID MODERNIZATION  
 70 16 SAVINGS BETWEEN APPROPRIATIONS FY 2016-2017. Notwithstanding

Allows the DHS to transfer funds between appropriations to account for savings from the Medicaid managed care initiative.

70 17 section 8.39, subsection 1, for the fiscal year beginning July  
 70 18 1, 2016, if savings resulting from the governor's Medicaid  
 70 19 modernization initiative accrue to the medical contracts or  
 70 20 children's health insurance program appropriation from the  
 70 21 general fund of the state and not to the medical assistance  
 70 22 appropriation from the general fund of the state under this  
 70 23 division of this Act, such savings may be transferred to such  
 70 24 medical assistance appropriation for the same fiscal year  
 70 25 without prior written consent and approval of the governor and  
 70 26 the director of the department of management. The department  
 70 27 of human services shall report any transfers made pursuant to  
 70 28 this section to the legislative services agency.

70 29 DIVISION VI  
 70 30 HEALTH CARE ACCOUNTS AND FUNDS — FY 2016-2017  
 70 31 Sec. 29. 2015 Iowa Acts, chapter 137, section 152, is  
 70 32 amended to read as follows:

70 33 SEC. 152. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is  
 70 34 appropriated from the pharmaceutical settlement account created  
 70 35 in section 249A.33 to the department of human services for the  
 71 1 fiscal year beginning July 1, 2016, and ending June 30, 2017,  
 71 2 the following amount, or so much thereof as is necessary, to be  
 71 3 used for the purpose designated:

71 4 Notwithstanding any provision of law to the contrary, to  
 71 5 supplement the appropriations made in this Act for medical  
 71 6 contracts under the medical assistance program for the fiscal  
 71 7 year beginning July 1, 2016, and ending June 30, 2017:  
 71 8 .....\$ 1,001,088  
 71 9 1,300,000

71 10 Sec. 30. 2015 Iowa Acts, chapter 137, section 153, is  
 71 11 amended to read as follows:

71 12 SEC. 153. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF  
 71 13 HUMAN SERVICES. Notwithstanding any provision to the contrary  
 71 14 and subject to the availability of funds, there is appropriated  
 71 15 from the quality assurance trust fund created in section  
 71 16 249L.4 to the department of human services for the fiscal year  
 71 17 beginning July 1, 2016, and ending June 30, 2017, the following  
 71 18 amounts, or so much thereof as is necessary, for the purposes  
 71 19 designated:

71 20 To supplement the appropriation made in this Act from the  
 71 21 general fund of the state to the department of human services  
 71 22 for medical assistance for the same fiscal year:  
 71 23 .....\$ 18,602,604  
 71 24 36,705,208

Pharmaceutical Settlement Account appropriation to the DHS for Medical Contracts in Medicaid.

DETAIL: This is a decrease of \$702,176 compared to estimated FY 2016.

[Quality Assurance Trust Fund](#) appropriation to supplement nursing facilities under the Medicaid Program.

DETAIL: This is a decrease of \$500,000 compared to estimated FY 2016 due to less revenue available in the fund.

71 25 Sec. 31. 2015 Iowa Acts, chapter 137, section 154, is  
71 26 amended to read as follows:

71 27 SEC. 154. HOSPITAL HEALTH CARE ACCESS TRUST FUND —  
71 28 DEPARTMENT OF HUMAN SERVICES. Notwithstanding any provision to  
71 29 the contrary and subject to the availability of funds, there is  
71 30 appropriated from the hospital health care access trust fund  
71 31 created in section 249M.4 to the department of human services  
71 32 for the fiscal year beginning July 1, 2016, and ending June  
71 33 30, 2017, the following amounts, or so much thereof as is  
71 34 necessary, for the purposes designated:

71 35 To supplement the appropriation made in this Act from the  
72 1 general fund of the state to the department of human services  
72 2 for medical assistance for the same fiscal year:  
72 3 ..... \$ 17,350,000  
72 4 ..... 34,700,000

[Hospital Health Care Access Trust Fund](#) appropriation to the Medicaid Program.

DETAIL: This is no change compared to estimated FY 2016.

72 5 DIVISION VII  
72 6 PROPERTY TAX RELIEF FUND BLOCK GRANT MONEY — FY 2016-2017

72 7 Sec. 32. 2015 Iowa Acts, chapter 137, section 157, is  
72 8 amended to read as follows:

72 9 SEC. 157. PROPERTY TAX RELIEF FUND BLOCK GRANT MONEYS. The  
72 10 moneys transferred to the property tax relief fund for the  
72 11 fiscal year beginning July 1, ~~2015~~ 2016, from the federal  
72 12 social services block grant pursuant to 2015 Iowa Acts,  
72 13 House File 630, and from the federal temporary assistance for  
72 14 needy families block grant, totaling at least ~~\$11,774,275~~  
72 15 7,456,296, are appropriated to the department of human services  
72 16 for the fiscal year beginning July 1, ~~2015~~ 2016, and ending  
72 17 June 30, ~~2016~~ 2017, to be used for the purposes designated,  
72 18 notwithstanding any provision of law to the contrary:

72 19 1. For distribution to ~~any mental health and disability~~  
72 20 ~~services region where 25 percent of the region's projected~~  
72 21 ~~expenditures exceeds the region's projected fund balance the~~  
72 22 ~~family planning services program, including for implementation~~  
72 23 ~~and administration, as enacted in this 2016 Act:~~  
72 24 ..... \$ 480,000  
72 25 ..... 2,999,305

Appropriates \$2,999,305 from the Social Services Block Grant to the DHS for a state-only Family Planning Program.

DETAIL: This is a new appropriation for FY 2017.

72 26 —a. For purposes of this subsection:  
72 27 —(1) ~~“Available funds” means a county mental health and~~  
72 28 ~~services fund balance on June 30, 2015, plus the maximum amount~~  
72 29 ~~a county was allowed to levy for the fiscal year beginning July~~  
72 30 ~~1, 2015.~~  
72 31 —(2) ~~“Projected expenditures” means the actual expenditures~~  
72 32 ~~of a mental health and disability services region as of June~~  
72 33 ~~30, 2015, multiplied by an annual inflation rate of 2 percent~~  
72 34 ~~plus the projected costs for new core services administered by~~

72 35 ~~the region as provided in a region's regional service system~~  
 73 1 ~~management plan approved pursuant to section 331.393 for the~~  
 73 2 ~~fiscal year beginning July 1, 2015.~~  
 73 3 ~~—(3) “Projected fund balance” means the difference between a~~  
 73 4 ~~mental health and disability services region’s available funds~~  
 73 5 ~~and projected expenditures.~~  
 73 6 ~~—b. If sufficient funds are not available to implement this~~  
 73 7 ~~subsection, the department of human services shall distribute~~  
 73 8 ~~funds to a region in proportion to the availability of funds.~~

73 9 2. To be transferred to the appropriation in this Act for  
 73 10 child and family services for the fiscal year beginning July 1,  
 73 11 2016, to be used for the purpose of that appropriation:  
 73 12 .....\$ 5,407,137  
 73 13 .....8,774,970

Appropriates \$8,774,970 from the Social Services Block Grant to the Child and Family Services appropriation for FY 2017.  
  
 DETAIL: This is a decrease of \$2,039,305 compared to estimated FY 2016. The funds are being used to offset General Fund dollars.

73 14 DIVISION VIII  
 73 15 PRIOR YEAR APPROPRIATIONS AND OTHER PROVISIONS

73 16 FAMILY INVESTMENT PROGRAM ACCOUNT FY 2015-2016  
 73 17 Sec. 33. 2015 Iowa Acts, chapter 137, section 7, subsection  
 73 18 4, paragraph e, is amended to read as follows:  
 73 19 e. For the JOBS program:  
 73 20 .....\$ 17,540,398  
 73 21 .....17,140,398

Deappropriates \$400,000 in FY 2016 from the Family Investment Program Account Promise Jobs allocation.  
  
 DETAIL: The deappropriated funds in this section are being redirected to Fund the FY 2016 Medicaid shortfall.

73 22 FAMILY INVESTMENT PROGRAM GENERAL FUND FY 2015-2016  
 73 23 Sec. 34. 2015 Iowa Acts, chapter 137, section 8, unnumbered  
 73 24 paragraph 2, is amended to read as follows:  
 73 25 To be credited to the family investment program (FIP)  
 73 26 account and used for family investment program assistance under  
 73 27 chapter 239B:  
 73 28 .....\$ 48,673,875  
 73 29 .....44,773,875

Deappropriates \$3,900,000 in FY 2016 from the Family Investment Program appropriation due to lower caseloads.  
  
 DETAIL: The deappropriated funds in this section are being redirected to Fund the FY 2016 Medicaid shortfall.

73 30 Sec. 35. 2015 Iowa Acts, chapter 137, section 8, subsection  
 73 31 1, is amended to read as follows:  
 73 32 1. Of the funds appropriated in this section, ~~\$7,402,220~~  
 73 33 \$7,002,220 is allocated for the JOBS program.

Conforming change to the allocation for the Promise Jobs Program due to the deappropriation above.

73 34 MEDICAL ASSISTANCE APPROPRIATION — FY 2015-2016  
 73 35 Sec. 36. 2015 Iowa Acts, chapter 137, section 12, unnumbered  
 74 1 paragraph 2, is amended to read as follows:  
 74 2 For medical assistance program reimbursement and associated  
 74 3 costs as specifically provided in the reimbursement  
 74 4 methodologies in effect on June 30, 2015, except as otherwise  
 74 5 expressly authorized by law, consistent with options under  
 74 6 federal law and regulations, and contingent upon receipt of

General Fund supplemental appropriation of \$15,000,000 for the Medicaid Program in FY 2016.  
  
 DETAIL: The supplemental, in addition to the \$2,000,000 transfer from Decategorization funds and a \$67,000,000 supplemental appropriation proposed in SF 2109 (FY 2016 Supplemental Appropriations Bill), provides an additional \$84,000,000 for the Medicaid Program in FY 2016.

74 7 approval from the office of the governor of reimbursement for  
 74 8 each abortion performed under the program:  
 74 9 ..... \$1,303,191,564  
 74 10 ..... 1,318,191,564

Delays the DHS's authority to adopt emergency rules for Medicaid managed care until managed care is implemented on April 1, 2016.

74 11 MODERNIZATION EMERGENCY RULES FY 2015-2016  
 74 12 Sec. 37. 2015 Iowa Acts, chapter 137, section 12, subsection  
 74 13 24, is amended to read as follows:  
 74 14 24. The department of human services may adopt emergency  
 74 15 rules as necessary to implement the governor's Medicaid  
 74 16 modernization initiative beginning ~~January~~ April 1, 2016.

Deappropriates \$1,100,000 in FY 2016 from the state Supplementary Assistance Program appropriation.

DETAIL: The deappropriated funds in this section are being redirected to fund the FY 2016 Medicaid shortfall.

74 17 STATE SUPPLEMENTARY ASSISTANCE FY 2015-2016  
 74 18 Sec. 38. 2015 Iowa Acts, chapter 137, section 14, unnumbered  
 74 19 paragraph 2, is amended to read as follows:  
 74 20 For the state supplementary assistance program:  
 74 21 ..... \$ 42,997,187  
 74 22 ..... 11,897,187

Deappropriates \$10,000,000 in FY 2016 from the Child Care Assistance Program appropriation.

DETAIL: The deappropriated funds in this section are being redirected to Fund the FY 2016 Medicaid shortfall.

74 23 CHILD CARE ASSISTANCE FY 2015-2016  
 74 24 Sec. 39. 2015 Iowa Acts, chapter 137, section 16, unnumbered  
 74 25 paragraph 2, is amended to read as follows:  
 74 26 For child care programs:  
 74 27 ..... \$ 51,408,668  
 74 28 ..... 41,408,668  
 74 29 Sec. 40. 2015 Iowa Acts, chapter 137, section 16, subsection  
 74 30 1, is amended to read as follows:

Conforming change to the allocation for Child Care Assistance Program due to the deappropriation above.

74 31 1. Of the funds appropriated in this section, ~~\$43,689,241~~  
 74 32 \$33,689,241 shall be used for state child care assistance in  
 74 33 accordance with section 237A.13.

Permits nonreversion of the General Fund Child Care Assistance appropriation.

74 34 Sec. 41. 2015 Iowa Acts, chapter 137, section 16, subsection  
 74 35 9, is amended to read as follows:  
 75 1 9. Notwithstanding section 8.33, moneys ~~advanced for~~  
 75 2 ~~purposes of the programs developed by early childhood Iowa~~  
 75 3 ~~areas, advanced for purposes of wraparound child care,~~  
 75 4 appropriated in this section or received from the federal  
 75 5 appropriations made for the purposes of this section that  
 75 6 remain unencumbered or unobligated at the close of the fiscal  
 75 7 year shall not revert to any fund but shall remain available  
 75 8 for expenditure for the purposes designated until the close of  
 75 9 the succeeding fiscal year.

75 10 NURSING FACILITY BUDGET FY 2015-2016  
 75 11 Sec. 42. 2015 Iowa Acts, chapter 137, section 29, subsection  
 75 12 1, paragraph a, subparagraph (1), is amended to read as  
 75 13 follows:

Amends the nursing facility cap to account for the April 1, 2016, implementation date for managed care.

75 14 1. a. (1) For the fiscal year beginning July 1, 2015,  
 75 15 the total state funding amount for the nursing facility budget  
 75 16 shall not exceed ~~\$151,421,158~~ \$227,131,737.

75 17 Sec. 43. EFFECTIVE UPON ENACTMENT. This division of this  
 75 18 Act, being deemed of immediate importance, takes effect upon  
 75 19 enactment.

This Division is effective upon enactment

75 20 Sec. 44. RETROACTIVE APPLICABILITY. This division of this  
 75 21 Act is retroactively applicable to July 1, 2015.

This Division applies retroactively to July 1, 2015.

75 22 DIVISION IX  
 75 23 DECATEGORIZATION  
 75 24 Sec. 45. DECATEGORIZATION CARRYOVER FUNDING — TRANSFER TO  
 75 25 MEDICAID PROGRAM. Notwithstanding section 232.188, subsection  
 75 26 5, paragraph “b”, any state appropriated moneys in the funding  
 75 27 pool that remained unencumbered or unobligated at the close  
 75 28 of the fiscal year beginning July 1, 2013, and were deemed  
 75 29 carryover funding to remain available for the two succeeding  
 75 30 fiscal years that still remain unencumbered or unobligated at  
 75 31 the close of the fiscal year beginning July 1, 2015, shall  
 75 32 not revert but shall be transferred to the medical assistance  
 75 33 program for the fiscal year beginning July 1, 2015.

Transfers funds from the Decategorization carryforward in FY 2015 that would otherwise revert to the General Fund to Medicaid in FY 2016.

DETAIL: The estimated carryforward transfer is \$2,000,000.

75 34 Sec. 46. EFFECTIVE UPON ENACTMENT. This division of this  
 75 35 Act, being deemed of immediate importance, takes effect upon  
 76 1 enactment.

This Division is effective on enactment.

76 2 Sec. 47. RETROACTIVE APPLICABILITY. This division of this  
 76 3 Act is retroactively applicable to July 1, 2015.

This Division is retroactive to July 1, 2015.

76 4 DIVISION X  
 76 5 CODE CHANGES

76 6 LOCAL OFFICES OF SUBSTITUTE DECISION MAKER

76 7 Sec. 48. Section 231E.4, subsection 3, paragraph a, Code  
 76 8 2016, is amended to read as follows:  
 76 9 a. Select persons through a request for proposals process to  
 76 10 establish local offices of substitute decision maker in each  
 76 11 of the planning and service areas. Local offices shall be  
 76 12 established statewide on or before July 1, ~~2017~~ 2018.

CODE: Extends the establishment date for local Office of Substitute Decision Maker offices to July 1, 2018.

76 13 INSTITUTIONS FOR PERSONS WITH AN INTELLECTUAL DISABILITY —  
 76 14 ASSESSMENT

76 15 Sec. 49. Section 222.60A, Code 2016, is amended to read as  
 76 16 follows:  
 76 17 222.60A COST OF ASSESSMENT.

CODE: Amends language related to the assessment for Intermediate Care Facilities for persons with Intellectual Disabilities (ICF/IDs) to conform to the transition to managed care.

76 18 Notwithstanding any provision of this chapter to the  
 76 19 contrary, any amount attributable to any ~~fee assessed~~  
 76 20 assessment pursuant to section 249A.21 that would otherwise  
 76 21 be the liability of any county shall be paid by the state.  
 76 22 The department may transfer funds from the appropriation for  
 76 23 medical assistance to pay any amount attributable to any ~~fee~~  
 76 24 assessed assessment pursuant to section 249A.21 that is a  
 76 25 liability of the state.

76 26 Sec. 50. Section 249A.12, subsection 3, paragraph c, Code  
 76 27 2016, is amended to read as follows:  
 76 28 c.—~~Effective February 1, 2002, the~~ The state shall be  
 76 29 responsible for all of the nonfederal share of the costs of  
 76 30 intermediate care facility for persons with an intellectual  
 76 31 disability services provided under medical assistance  
 76 32 attributable to the assessment ~~fee~~ for intermediate care  
 76 33 facilities for individuals with an intellectual disability  
 76 34 imposed pursuant to section 249A.21. ~~Effective February 1,~~  
 76 35 ~~2003,~~ a county is not required to reimburse the department  
 77 1 and shall not be billed for the nonfederal share of the costs  
 77 2 of such services attributable to the assessment ~~fee~~.

CODE: Amends language related to the assessment for Intermediate Care Facilities for persons with Intellectual Disabilities (ICF/IDs) to conform to the transition to managed care.

77 3 Sec. 51. Section 249A.21, Code 2016, is amended to read as  
 77 4 follows:  
 77 5 249A.21 INTERMEDIATE CARE FACILITIES FOR PERSONS WITH AN  
 77 6 INTELLECTUAL DISABILITY — ASSESSMENT.  
 77 7 1.—~~The department may assess~~ An intermediate care  
 77 8 ~~facilities facility~~ facility for persons with an intellectual  
 77 9 disability, as defined in section 135C.1, ~~a fee in~~ shall be  
 77 10 assessed an amount for the preceding calendar quarter, not to  
 77 11 exceed six percent of the total annual revenue of the facility  
 77 12 for the preceding fiscal year.  
 77 13 2. The assessment shall be paid by each intermediate care  
 77 14 facility for persons with an intellectual disability to the  
 77 15 department ~~in equal monthly amounts on or before the fifteenth~~  
 77 16 ~~day of each month on a quarterly basis. The department may~~  
 77 17 ~~deduct the monthly amount from medical assistance payments to~~  
 77 18 ~~a facility described in subsection 1. The amount deducted~~  
 77 19 ~~from payments shall not exceed the total amount of the~~  
 77 20 ~~assessments due~~ An intermediate care facility for persons with  
 77 21 an intellectual disability shall submit the assessment amount  
 77 22 no later than thirty days following the end of each calendar  
 77 23 quarter.  
 77 24 3.—~~Revenue from the assessments shall be credited~~ The  
 77 25 department shall collect the assessment imposed and shall  
 77 26 credit all revenues collected to the state medical assistance  
 77 27 appropriation. This revenue may be used only for services  
 77 28 for which federal financial participation under the medical

CODE: Amends language related to the assessment for Intermediate Care Facilities for persons with Intellectual Disabilities (ICF/IDs) to conform to the transition to managed care.

77 29 assistance program is available to match state funds.  
 77 30 4. If the department determines that an intermediate care  
 77 31 facility for persons with an intellectual disability has  
 77 32 underpaid or overpaid the assessment, the department shall  
 77 33 notify the intermediate care facility for persons with an  
 77 34 intellectual disability of the amount of the unpaid assessment  
 77 35 or refund due. Such payment or refund shall be due or refunded  
 78 1 within thirty days of the issuance of the notice.  
 78 2 5. An intermediate care facility for persons with an  
 78 3 intellectual disability that fails to pay the assessment within  
 78 4 the time frame specified in this section shall pay, in addition  
 78 5 to the outstanding assessment, a penalty in the amount of one  
 78 6 and five-tenths percent of the assessment amount owed for  
 78 7 each month or portion of each month the payment is overdue.  
 78 8 However, if the department determines that good cause is shown  
 78 9 for failure to comply with payment of the assessment, the  
 78 10 department shall waive the penalty or a portion of the penalty.  
 78 11 6. If an assessment has not been received by the department  
 78 12 by the last day of the third month after the payment is due,  
 78 13 the department shall suspend payment due the intermediate care  
 78 14 facility for persons with an intellectual disability under the  
 78 15 medical assistance program including payments made on behalf  
 78 16 of the medical assistance program by a Medicaid managed care  
 78 17 organization contractor.  
 78 18 7. The assessment imposed under this section constitutes  
 78 19 a debt due and owing the state and may be collected by civil  
 78 20 action, including but not limited to the filing of tax liens,  
 78 21 and any other method provided for by law.  
 78 22 8. If federal financial participation to match the  
 78 23 assessments made under subsection 1 becomes unavailable under  
 78 24 federal law, the department shall terminate the imposing of the  
 78 25 assessments beginning on the date that the federal statutory,  
 78 26 regulatory, or interpretive change takes effect.  
 78 27 ~~—5- 9. The department of human services may procure a sole~~  
 78 28 ~~source contract to implement the provisions of this section.~~  
 78 29 ~~—6- 10. The department may adopt administrative rules under~~  
 78 30 ~~section 17A.4, subsection 3, and section 17A.5, subsection 2,~~  
 78 31 ~~paragraph “b”, to implement this section, and any fee assessed~~  
 78 32 ~~pursuant to this section against an intermediate care facility~~  
 78 33 ~~for persons with an intellectual disability that is operated by~~  
 78 34 ~~the state may be made retroactive to October 1, 2003.~~

78 35 DIVISION XI  
 79 1 HOSPITAL HEALTH CARE ACCESS ASSESSMENT

79 2 Sec. 52. REPEAL. Section 249M.5, Code 2016, is repealed.

CODE: Repeals the sunset of the Hospital Health Care Access Assessment Program.

79 3 Sec. 53. REVIEW OF ALTERNATIVE ASSESSMENT METHODOLOGY. The  
 79 4 department of human services shall explore alternative hospital  
 79 5 health care access assessment methodologies and shall make  
 79 6 recommendations to the governor and the general assembly by  
 79 7 December 15, 2016, regarding continuation of the hospital  
 79 8 health care access assessment program beyond July 1, 2017, and  
 79 9 an alternative assessment methodology. Any continuation of  
 79 10 the program and assessment methodology shall meet all of the  
 79 11 following guidelines:

- 79 12 1. All funds generated by the assessment shall be returned  
 79 13 to participating hospitals in the form of higher Medicaid  
 79 14 payments.
- 79 15 2. Continuation of the program and any new assessment  
 79 16 methodology shall be subject to any required federal approval.
- 79 17 3. Any new assessment methodology shall minimize the  
 79 18 negative financial impact on participating hospitals to the  
 79 19 greatest extent possible.
- 79 20 4. Any new assessment methodology shall result in at least  
 79 21 the same if not a greater aggregate financial benefit to  
 79 22 participating hospitals compared with the benefit existing  
 79 23 under the program prior to July 1, 2016.
- 79 24 5. Only participating hospitals subject to imposition  
 79 25 of the assessment shall receive a financial return from the  
 79 26 program.
- 79 27 6. Any continuation of the program shall include a means  
 79 28 of tracking the financial return to individual participating  
 79 29 hospitals.
- 79 30 7. Any quality metrics utilized by the program, if  
 79 31 continued, shall align with similar metrics being used under  
 79 32 Medicare and the state innovation model initiative process.
- 79 33 8. Any new assessment methodology shall incorporate a  
 79 34 recognition of the increased costs attributable to care and  
 79 35 services such as inpatient psychiatric care, rehabilitation  
 80 1 services, and neonatal intensive care units.
- 80 2 9. Any continuation of the program shall include oversight  
 80 3 and review by representatives of the Iowa hospital association  
 80 4 and affected hospitals to ensure appropriate implementation and  
 80 5 administration of the program.

Requires the DHS to explore alternatives to the current hospital assessment methodology and make recommendations to the Governor and the General Assembly by December 15, 2016. This section sets guidelines that the new methodology must meet.

80 6 Sec. 54. EFFECTIVE UPON ENACTMENT. This division of this  
 80 7 Act, being deemed of immediate importance, takes effect upon  
 80 8 enactment.

This Division relating to the Hospital Health Care Access Provider Assessment is effective upon enactment and retroactive to June 30, 2016.

80 9 Sec. 55. RETROACTIVE APPLICABILITY. This division of this  
 80 10 Act is retroactively applicable to June 30, 2016.

80 11 DIVISION XII  
 80 12 STATE FAMILY PLANNING SERVICES PROGRAM  
 80 13 Sec. 56. STATE FAMILY PLANNING SERVICES PROGRAM —

80 14 ESTABLISHMENT — DISCONTINUATION OF MEDICAID FAMILY PLANNING  
80 15 NETWORK WAIVER.

80 16 1. The department of human services shall discontinue the  
80 17 Medicaid family planning network waiver effective July 1, 2016,  
80 18 and shall instead establish a state family planning services  
80 19 program. The state program shall replicate the eligibility  
80 20 requirements and other provisions included in the Medicaid  
80 21 family planning network waiver as approved by the centers for  
80 22 Medicare and Medicaid services of the United States department  
80 23 of health and human services in effect on June 30, 2016, but  
80 24 shall provide for distribution of the family planning services  
80 25 program funds in accordance with this section.

Requires the DHS to discontinue the Medicaid Family Planning Network Waiver effective July 1, 2016. The DHS is to create a new state Family Planning Program, replicating the eligibility requirements and other provisions of the federal waiver with the exceptions specified in this Division.

80 26 2. Distribution of family planning services program funds  
80 27 shall be made to eligible applicants in the following order of  
80 28 priority:  
80 29 a. Public entities that provide family planning services  
80 30 including state, county, or local community health clinics and  
80 31 federally qualified health centers.  
80 32 b. Nonpublic entities that, in addition to family planning  
80 33 services, provide required primary health services as described  
80 34 in 42 U.S.C. §254b(b)(1)(A).  
80 35 c. Nonpublic entities that provide family planning  
81 1 services but do not provide required primary health services as  
81 2 described in 42 U.S.C. §254b(b)(1)(A).

Specifies a funding priority for distribution of Family Planning Services Program funds.

81 3 3. Distribution of family planning services program funds  
81 4 under this section shall be made in a manner that continues  
81 5 access to family planning services.

Specifies that distribution of Family Planning Services Program funds under this section are to be made in a manner that continues access to family planning services.

81 6 4. Distribution of family planning services program funds  
81 7 shall not be made to any entity that performs abortions or that  
81 8 maintains or operates a facility where abortions are performed.  
81 9 For the purposes of this section, "abortion" does not include  
81 10 any of the following:  
81 11 a. The treatment of a woman for a physical disorder,  
81 12 physical injury, or physical illness, including a  
81 13 life-endangering physical condition caused by or arising from  
81 14 the pregnancy itself, that would, as certified by a physician,  
81 15 place the woman in danger of death.  
81 16 b. The treatment of a woman for a spontaneous abortion,  
81 17 commonly known as a miscarriage, when not all of the products  
81 18 of human conception are expelled.

Specifies that distribution of Family Planning Services Program funds cannot be made to any entity that performs abortions or that maintains or operates a facility where abortions are performed. For the purpose of this section abortion does not include the treatment of a woman for the health of the mother or miscarriage.

81 19 5. Family planning services program funds distributed in  
81 20 accordance with this section shall not be used for direct or  
81 21 indirect costs, including but not limited to administrative

Specifies that Family Planning Services Program funds may not be used for direct or indirect administrative costs related to providing abortions.

81 22 costs or expenses, overhead, employee salaries, rent, and  
 81 23 telephone and other utility costs, related to providing  
 81 24 abortions as specified in subsection 4.

81 25 6. The department of human services shall submit a report to  
 81 26 the governor and the general assembly, annually by January 1,  
 81 27 listing any entities that received funds pursuant to subsection  
 81 28 2, paragraph "c", and the amount and type of funds received by  
 81 29 such entities during the preceding calendar year. The report  
 81 30 shall provide a detailed explanation of how the department  
 81 31 determined that distribution of family planning services  
 81 32 program funds to such an entity, instead of to an entity  
 81 33 described in subsection 2, paragraph "a" or "b", was necessary  
 81 34 to prevent severe limitation or elimination of access to family  
 81 35 planning services in the region of the state where the entity  
 82 1 is located.

Requires the DHS to submit a report by January 1, annually, listing any entities that received funds under this Program.

82 2 DIVISION XIII  
 82 3 AUTISM SUPPORT PROGRAM

82 4 Sec. 57. Section 135.181, subsections 1 and 2, Code 2016,  
 82 5 are amended to read as follows:

CODE: Amends the Board-Certified Behavior Analyst and Board-Certified Assistant Behavior Analyst Grant Program.

82 6 1. The department shall establish a board-certified  
 82 7 behavior analyst and board-certified assistant behavior  
 82 8 analyst grants program to provide grants to Iowa resident and  
 82 9 nonresident applicants who have been accepted for admission or  
 82 10 are attending a ~~board of regents~~ university, community college,  
 82 11 or an accredited private institution, within or outside the  
 82 12 state of Iowa, are enrolled in a program that is accredited  
 82 13 and meets coursework requirements to prepare the applicant  
 82 14 to be eligible for board certification as a behavior analyst  
 82 15 or assistant behavior analyst, and demonstrate financial  
 82 16 need. Priority in the awarding of a grant shall be given to  
 82 17 applicants who are residents of Iowa.

CODE: Expands the Grant Program to any accredited university, community college, or accredited private institution within or outside the state of Iowa.

82 18 2. The department, in cooperation with the department  
 82 19 of education, shall adopt rules pursuant to chapter 17A to  
 82 20 establish minimum standards for applicants to be eligible for a  
 82 21 grant that address all of the following:

82 22 a. Eligibility requirements for and qualifications of  
 82 23 an applicant to receive a grant. The applicant shall agree  
 82 24 to practice in the state of Iowa for a period of time, not  
 82 25 to exceed four years, as specified in the contract entered  
 82 26 into between the applicant and the department at the time the  
 82 27 grant is awarded. In addition, the applicant shall agree, as  
 82 28 specified in the contract, that during the contract period,  
 82 29 the applicant will assist in supervising an individual working

CODE: Requires the applicant to agree to practice in Iowa for no more than four years as specified by the contract between the applicant and DPH. Also requires the applicant to agree to supervising an individual working towards board certification or consult with schools and service providers.

<p>82 30 <u>toward board certification as a behavior analyst or assistant</u>  82 31 <u>behavior analyst or to consult with schools and service</u>  82 32 <u>providers that provide services and supports to individuals</u>  82 33 <u>with autism.</u>  82 34 b. The application process for the grant.</p>	
<p>82 35 c. Criteria for preference in awarding of the grants.  83 1 <u>Priority in the awarding of a grant shall be given to</u>  83 2 <u>applicants who are residents of Iowa.</u></p>	<p>CODE: Requires priority for Iowa residents.</p>
<p>83 3 d. Determination of the amount of a grant. <u>The amount</u>  83 4 <u>of funding awarded to each applicant shall be based on the</u>  83 5 <u>applicant's enrollment status, the number of applicants, and</u>  83 6 <u>the total amount of available funds. The total amount of funds</u>  83 7 <u>awarded to an individual applicant shall not exceed fifty</u>  83 8 <u>percent of the total costs attributable to program tuition and</u>  83 9 <u>fees, annually.</u></p>	<p>CODE: Limits awards based on enrollment status, number of applicants, and the total amount of funds. Awards cannot be greater than 50.00% of the program tuition and fees.</p>
<p>83 10 e. Use of the funds awarded. <u>Funds awarded may be used</u>  83 11 <u>to offset the costs attributable to tuition and fees for the</u>  83 12 <u>accredited behavior analyst or assistant behavior analyst</u>  83 13 <u>program.</u></p>	<p>CODE: Funds may only be used for tuition and fees.</p>
<p>83 14 Sec. 58. Section 135.181, Code 2016, is amended by adding  83 15 the following new subsection:  83 16 NEW SUBSECTION 4. The department shall submit a report  83 17 to the governor and the general assembly no later than January  83 18 1, annually, that includes but is not limited to all of the  83 19 following:  83 20 a. The number of applications received for the immediately  83 21 preceding fiscal year.  83 22 b. The number of applications approved and the total amount  83 23 of funding awarded in grants in the immediately preceding  83 24 fiscal year.  83 25 c. The cost of administering the program in the immediately  83 26 preceding fiscal year.  83 27 d. Recommendations for any changes to the program.</p>	<p>CODE: Requires the DPH to submit a report by January 1 annually that covers the number of applications received, the number of applications approved, the total funding awards, the costs of administering the program, and any recommended changes.</p>
<p>83 28 Sec. 59. Section 225D.1, subsection 8, Code 2016, is amended  83 29 to read as follows:</p>	
<p>83 30 8. "Eligible individual" means a child less than <del>nine</del>  83 31 <u>fourteen</u> years of age who has been diagnosed with autism based  83 32 on a diagnostic assessment of autism, is not otherwise eligible  83 33 for coverage for applied behavioral analysis treatment under  83 34 the medical assistance program, section 514C.28, or private  83 35 insurance coverage, and whose household income does not exceed  84 1 <del>four</del> <u>five</u> hundred percent of the federal poverty level.</p>	<p>CODE: Expands eligibility from nine to fourteen years of age and from 400.0% to 500.0% of the federal poverty level for the Autism Support Program. The maximum cost sharing is also increased from 10.0% to 15.0%.</p> <p>DETAIL: The federal poverty level for a family of four is \$121,500 at 500.0%.</p>

84 2 Sec. 60. Section 225D.2, subsection 2, paragraphs c and d,  
84 3 Code 2016, are amended to read as follows:

84 4 c. Notwithstanding the age limitation for an eligible  
84 5 individual, a provision that if an eligible individual reaches  
84 6 ~~nine~~ fourteen years of age prior to completion of the maximum  
84 7 applied behavioral analysis treatment period specified in  
84 8 paragraph "b", the individual may complete such treatment in  
84 9 accordance with the individual's treatment plan, not to exceed  
84 10 the maximum treatment period.

84 11 d. A graduated schedule for cost-sharing by an eligible  
84 12 individual based on a percentage of the total benefit amount  
84 13 expended for the eligible individual, annually. Cost-sharing  
84 14 shall be applicable to eligible individuals with household  
84 15 incomes at or above two hundred percent of the federal poverty  
84 16 level in incrementally increased amounts up to a maximum of ~~ten~~  
84 17 fifteen percent. The rules shall provide a financial hardship  
84 18 exemption from payment of the cost-sharing based on criteria  
84 19 established by rule of the department.

84 20 Sec. 61. AUTISM SUPPORT FUND — CARRYFORWARD.  
84 21 Notwithstanding section 225D.2, moneys credited to the fund  
84 22 that remain unexpended or unobligated at the close of the  
84 23 fiscal year beginning July 1, 2015, shall be transferred to the  
84 24 appropriation in this Act for medical contracts to be used for  
84 25 the purpose of that appropriation for the succeeding fiscal  
84 26 year.

Specifies that any funds remaining in the Autism Services Fund at the end of FY 2016 shall be used to fund Medical Contracts in FY 2017.

DETAIL: It is estimated there will be \$1,268,000 available.

84 27 Sec. 62. EFFECTIVE DATE. The section of this division  
84 28 of this Act providing for carryforward of moneys that remain  
84 29 unexpended or unobligated at the close of the fiscal year  
84 30 beginning July 1, 2015, being deemed of immediate importance,  
84 31 takes effect upon enactment.

The section related to the Autism Support Program Carryforward is effective upon enactment and retroactive to July 1, 2015.

84 32 Sec. 63. RETROACTIVE APPLICABILITY. The section of this  
84 33 division of this Act providing for carryforward of moneys that  
84 34 remain unexpended or unobligated at the close of the fiscal  
84 35 year beginning July 1, 2015, is retroactively applicable to  
85 1 July 1, 2015.

85 2 DIVISION XIV  
85 3 IOWA HIGH QUALITY HEALTH CARE INITIATIVE CONSUMER PROTECTION  
85 4 OUTCOME ACHIEVEMENT AND PROGRAM INTEGRITY

85 5 Sec. 64. IOWA HIGH QUALITY HEALTH CARE INITIATIVE —  
85 6 LEGISLATIVE GOALS. The goals of the Iowa high quality health  
85 7 care initiative are to improve quality of and access to care  
85 8 for Medicaid members, promote accountability for outcomes, and  
85 9 create a more predictable and sustainable Medicaid budget. The  
85 10 main focus in moving to managed care is to provide the Medicaid

Specifies the goals of Medicaid managed care.

85 11 members with the opportunity to realize improved health quality  
 85 12 and outcomes through wellness initiatives, preventive care, and  
 85 13 coordinated care.

85 14 Sec. 65. IOWA HIGH QUALITY HEALTH CARE INITIATIVE ———  
 85 15 DEPARTMENT OF HUMAN SERVICES ——— REPORTS. The department of  
 85 16 human services shall submit to the chairpersons and ranking  
 85 17 members of the human resources committees of the senate and the  
 85 18 house of representatives and to the chairpersons and ranking  
 85 19 members of the joint appropriations subcommittee on health  
 85 20 and human services, quarterly reports, and an annual report  
 85 21 beginning December 15, 2016, and annually by December 15,  
 85 22 thereafter, regarding Medicaid program consumer protections,  
 85 23 outcome achievement, and program integrity as specified in  
 85 24 this division. The reports shall be based on and updated to  
 85 25 include the most recent information available. The reports  
 85 26 shall include an executive summary of the information and  
 85 27 data compiled, an analysis of the information and data,  
 85 28 and any trends or issues identified through such analysis,  
 85 29 to the extent such information is not otherwise considered  
 85 30 confidential or protected information pursuant to federal or  
 85 31 state law. The joint appropriations subcommittee on health and  
 85 32 human services shall dedicate a meeting of the subcommittee  
 85 33 during the subsequent session of the general assembly to review  
 85 34 of the annual report.

85 35 1. CONSUMER PROTECTION.

86 1 The general assembly recognizes the need for ongoing review  
 86 2 of Medicaid member engagement with and feedback regarding  
 86 3 Medicaid managed care. The Iowa high quality health care  
 86 4 initiative shall ensure access to medically necessary services  
 86 5 and shall ensure that Medicaid members are fully engaged in  
 86 6 their own health care in order to achieve overall positive  
 86 7 health outcomes. The consumer protection component of the  
 86 8 reports submitted as required under this section shall be based  
 86 9 on all of the following reports relating to member and provider  
 86 10 services:

86 11 a. Member enrollment and disenrollment.

86 12 b. Member grievances and appeals including all of the  
 86 13 following:

86 14 (1) The percentage of grievances and appeals resolved  
 86 15 timely.

86 16 (2) The number of grievances and appeals received.

86 17 c. Member call center performance including the service  
 86 18 level for members, providers, and pharmacy.

86 19 d. Prior authorization denials and modifications including  
 86 20 all of the following:

86 21 (1) The percentage of prior authorizations approved,  
 86 22 denied, and modified.

The section requiring the MHDS Commission to submit a progress report on implementation of the adult mental health and disability services redesign is effective upon enactment.

Requires the DHS to submit both quarterly and annual reports to the Chairpersons and Ranking Members of the Human Resources Committees and Health and Human Services Appropriations Subcommittee beginning December 15, 2016. The reports are focused in three areas: consumer protection, outcome achievement, and program integrity. In addition the hawk-i Board, Medical Assistance Advisory Council, MH/DS Commission, and Council on Human Services are required to regularly review Medicaid managed care and are to submit executive summaries of pertinent information regarding their deliberations during the prior year beginning November 15, annually.

- 86 23 (2) The percentage of prior authorizations processed within  
86 24 required time frames.
- 86 25 e. Provider network access including key gaps in provider  
86 26 coverage based on contract time and distance standards.
- 86 27 f. Care coordination, including the ratio of members to care  
86 28 coordinators.
- 86 29 g. Level of care and functional assessments, including the  
86 30 percentage of level of care assessments completed timely.
- 86 31 h. Population-specific reporting including all of the  
86 32 following:
- 86 33 (1) General population.  
86 34 (2) Special needs.  
86 35 (3) Behavioral health.  
87 1 (4) Elderly.
- 87 2 2. OUTCOME ACHIEVEMENT.
- 87 3 The primary focus of the general assembly in moving to  
87 4 Medicaid managed care is to improve the quality of care and  
87 5 outcomes for Medicaid members. The state has demonstrated  
87 6 how preventive services and the coordination of care for all  
87 7 of a Medicaid member's treatment significantly improve the  
87 8 health and well-being of the state's most vulnerable citizens.  
87 9 In order to ensure continued improvement, ongoing review of  
87 10 member outcomes as well as of the process that supports a  
87 11 strong provider network is necessary. The outcome achievement  
87 12 component of the reports submitted as required under this  
87 13 section shall be based on all of the following reports relating  
87 14 to member health outcomes and contract management outcomes:
- 87 15 a. Contract management including all of the following:
- 87 16 (1) Claims processing including all of the following:
- 87 17 (a) The percentage of claims paid and denied.  
87 18 (b) The percentage of claims adjudicated timely.
- 87 19 (2) Encounter data including all of the following:
- 87 20 (a) Timeliness.  
87 21 (b) Completeness.  
87 22 (c) Accuracy.
- 87 23 (3) Value-based purchasing (VBP) enrollment including the  
87 24 percentage of members covered by a VBP arrangement.
- 87 25 (4) Financial information including all of the following:
- 87 26 (a) Managed care organization (MCO) capitation payments.  
87 27 (b) The medical loss ratio.  
87 28 (c) Program cost savings.
- 87 29 b. Member health outcomes including all of the following:
- 87 30 (1) Annual healthcare effectiveness and information set  
87 31 (HEDIS) performance.  
87 32 (2) Other quality measures including all of the following:
- 87 33 (a) Behavioral health.  
87 34 (b) Children's health.  
87 35 (c) Prenatal and birth outcomes.

88 1 (d) Chronic condition management.  
88 2 (e) Adult preventative care.  
88 3 (3) Value index score (VIS) performance.  
88 4 (4) Annual consumer assessment of healthcare providers and  
88 5 systems (CAHPS) performance.  
88 6 (5) Utilization information including all of the following:  
88 7 (a) Inpatient hospital admissions and potential  
88 8 preventative admissions.  
88 9 (b) Readmissions.  
88 10 (c) Outpatient visits.  
88 11 (d) Emergency department visits and potentially preventable  
88 12 emergency department visits.  
88 13 3. PROGRAM INTEGRITY.  
88 14 The Medicaid program has traditionally included  
88 15 comprehensive oversight and program integrity controls.  
88 16 Under Medicaid managed care, federal, state, and contractual  
88 17 safeguards will continue to be incorporated to prevent, detect,  
88 18 and eliminate provider fraud, waste, and abuse to maintain a  
88 19 sustainable Medicaid program. The program integrity component  
88 20 of the reports submitted as required under this section shall  
88 21 be based on all of the following reports relating to program  
88 22 integrity:  
88 23 a. The level of fraud, waste, and abuse identified by the  
88 24 MCOs.  
88 25 b. Managed care organization adherence to the program  
88 26 integrity plan.  
88 27 c. Notification of the state by the MCOs regarding fraud,  
88 28 waste, and abuse.  
88 29 d. The impact of program activities on capitation payments.  
88 30 e. Enrollment and payment information including all of the  
88 31 following:  
88 32 (1) Eligibility.  
88 33 (2) Third-party liability.  
88 34 f. Managed care organization reserves compared to minimum  
88 35 reserves required by the insurance division of the department  
89 1 of commerce.  
89 2 g. A summary report by the insurance division of the  
89 3 department of commerce including information relating to health  
89 4 maintenance organization licensure, the annual independent  
89 5 audit, insurance division reporting, and reinsurance.  
89 6 4. INCLUSION OF INFORMATION FROM OTHER OVERSIGHT  
89 7 ENTITIES. The council on human services, the medical  
89 8 assistance advisory council, the hawk-i board, the mental  
89 9 health and disability services commission, and the office  
89 10 of long-term care ombudsman shall regularly review Medicaid  
89 11 managed care as it relates to the entity's respective statutory  
89 12 duties. These entities shall submit executive summaries of  
89 13 pertinent information regarding their deliberations during the

89 14 prior year relating to Medicaid managed care to the department  
 89 15 of human services no later than November 15, annually, for  
 89 16 inclusion in the annual report submitted as required under this  
 89 17 section.

89 18 Sec. 66. IOWA HIGH QUALITY HEALTH CARE INITIATIVE —  
 89 19 ADDITIONAL OVERSIGHT.

89 20 1. The council on human services, the medical assistance  
 89 21 advisory council, and the hawk-i board shall submit to the  
 89 22 chairpersons and ranking members of the human resources  
 89 23 committees of the senate and the house of representatives  
 89 24 and to the chairpersons and ranking members of the joint  
 89 25 appropriations subcommittee on health and human services, on a  
 89 26 quarterly basis, minutes of their respective meetings during  
 89 27 which the council or board addressed Medicaid managed care.

89 28 2. The director of human services shall submit the  
 89 29 compilation of the input and recommendations from stakeholders  
 89 30 and Medicaid members attending the public meetings convened  
 89 31 pursuant to 2015 Iowa Acts, chapter 137, section 63, to  
 89 32 the chairpersons and ranking members of the human resources  
 89 33 committees of the senate and the house of representatives  
 89 34 and to the chairpersons and ranking members of the joint  
 89 35 appropriations subcommittee on health and human services, on  
 90 1 a quarterly basis.

Requires the hawk-i Board, Medical Assistance Advisory Council, MH/DS Commission, and Council on Human Services to submit their minutes related to Managed Care to the Chairpersons and Ranking Members of the Human Resources Committees and Health and Human Services Appropriations Subcommittee quarterly.

90 2 Sec. 67. IOWA HIGH QUALITY HEALTH CARE INITIATIVE —  
 90 3 POSTING OF PUBLIC INFORMATION. The department of human  
 90 4 services shall post information from all of the following  
 90 5 reports, as the information becomes available and to the extent  
 90 6 such information is not otherwise considered confidential or  
 90 7 protected information pursuant to federal or state law, on the  
 90 8 Iowa health link internet site:

90 9 1. CONSUMER PROTECTION:

90 10 a. Member enrollment and disenrollment.

90 11 b. Member grievances and appeals including all of the  
 90 12 following:

90 13 (1) The percentage of grievances and appeals resolved  
 90 14 timely.

90 15 (2) The number of grievances and appeals received.

90 16 c. Member call center performance including the service  
 90 17 level for members, providers, and pharmacy.

90 18 d. Prior authorization denials and modifications including  
 90 19 all of the following:

90 20 (1) The percentage of prior authorizations approved,  
 90 21 denied, and modified.

90 22 (2) The percentage of prior authorizations processed within  
 90 23 required time frames.

90 24 e. Provider network access including key gaps in provider

Requires the DHS to post information on their website on all the reports listed in this section.

- 90 25 coverage based on contract time and distance standards.
- 90 26 f. Care coordination, including the ratio of members to care
- 90 27 coordinators.
- 90 28 g. Level of care and functional assessments, including the
- 90 29 percentage of level of care assessments completed timely.
- 90 30 h. Population-specific reporting including all of the
- 90 31 following:
- 90 32 (1) General population.
- 90 33 (2) Special needs.
- 90 34 (3) Behavioral health.
- 90 35 (4) Elderly.
- 91 1 2. OUTCOME ACHIEVEMENT:
- 91 2 a. Contract management:
- 91 3 (1) Claims processing including all of the following:
- 91 4 (a) The percentage of claims paid and denied.
- 91 5 (b) The percentage of claims adjudicated timely.
- 91 6 (2) Encounter data including all of the following:
- 91 7 (a) Timeliness.
- 91 8 (b) Completeness.
- 91 9 (c) Accuracy.
- 91 10 (3) Value-based purchasing (VBP) enrollment including the
- 91 11 percentage of members covered by a VBP arrangement.
- 91 12 (4) Financial information including all of the following:
- 91 13 (a) Managed care organization capitation payments.
- 91 14 (b) Medical loss ratio.
- 91 15 (c) Program cost savings.
- 91 16 b. Member health outcomes including all of the following:
- 91 17 (1) Annual healthcare effectiveness and information set
- 91 18 (HEDIS) performance.
- 91 19 (2) Other quality measures including all of the following:
- 91 20 (a) Behavioral health.
- 91 21 (b) Children's health.
- 91 22 (c) Prenatal and birth outcomes.
- 91 23 (d) Chronic condition management.
- 91 24 (e) Adult preventative care.
- 91 25 (3) Value index score (VIS) performance.
- 91 26 (4) Annual consumer assessment of healthcare providers and
- 91 27 systems (CAHPS) performance.
- 91 28 (5) Utilization information including all of the following:
- 91 29 (a) Inpatient admissions and potential preventative
- 91 30 admissions.
- 91 31 (b) Readmissions.
- 91 32 (c) Outpatient visits.
- 91 33 (d) Emergency department visits and potentially preventable
- 91 34 emergency department visits.
- 91 35 3. PROGRAM INTEGRITY:
- 92 1 a. The level of fraud, waste, and abuse identified by the
- 92 2 MCOs.

92 3 b. Managed care organization adherence to the program  
 92 4 integrity plan.  
 92 5 c. Notification of the state by the MCOs regarding fraud,  
 92 6 waste, and abuse.  
 92 7 d. The impact of program activities on capitation payments.  
 92 8 e. Enrollment and payment information including all of the  
 92 9 following:  
 92 10 (1) Eligibility.  
 92 11 (2) Third-party liability.  
 92 12 f. Managed care organization reserves compared to minimum  
 92 13 reserves required by the insurance division of the department  
 92 14 of commerce.  
 92 15 g. A summary report by the insurance division of the  
 92 16 department of commerce including information relating to health  
 92 17 maintenance organization licensure, the annual independent  
 92 18 audit, insurance division reporting, and reinsurance.

92 19 DIVISION XV  
 92 20 CHILDREN'S MENTAL HEALTH AND WELL-BEING  
 92 21 Sec. 68. CHILDREN'S MENTAL HEALTH CRISIS SERVICES —  
 92 22 PLANNING GRANTS.

92 23 1. The department of human services shall establish  
 92 24 a request for proposals process, in cooperation with the  
 92 25 departments of public health and education and the judicial  
 92 26 branch, which shall be based upon recommendations for  
 92 27 children's mental health crisis services described in the  
 92 28 children's mental health and well-being workgroup final report  
 92 29 submitted to the department on December 15, 2015.

Directs the DHS, in cooperation with the Department of Public Health and the Department of Education, to establish a Request for Proposals (RFP) process for the purpose of contracting for two planning grants for the development and implementation of children's mental health crisis services.

92 30 2. Planning grants shall be awarded to two lead entities.  
 92 31 Each lead entity should be a member of a specifically  
 92 32 designated coalition of three to four other entities that  
 92 33 propose to serve different geographically defined areas of  
 92 34 the state, but a lead entity shall not be a mental health and  
 92 35 disability services region.

Defines parameters and restrictions for awarding planning grants. Planning grants will be awarded to two lead entities serving geographically defined areas of the state. These lead entities cannot be one of the mental health and disability services regions.

93 1 3. The request for proposals shall require each grantee to  
 93 2 develop a plan for children's mental health crisis services for  
 93 3 the grantee's defined geographic area that includes all of the  
 93 4 following:  
 93 5 a. Identification of the existing children's mental health  
 93 6 crisis services in the defined area.  
 93 7 b. Identification of gaps in children's mental health  
 93 8 crisis services in the defined area.  
 93 9 c. A plan for collection of data that demonstrates the  
 93 10 effects of children's mental health crisis services through the  
 93 11 collection of outcome data and surveys of the children affected

The Request for Proposals process requires planning grant awardees to develop a plan for children's mental health crisis services within a defined area that meets specified criteria.

93 12 and their families.  
 93 13 d. A method for using federal, state, and other funding  
 93 14 including funding currently available, to implement and support  
 93 15 children's mental health crisis services.  
 93 16 e. Utilization of collaborative processes developed from  
 93 17 the recommendations from the children's mental health and  
 93 18 well-being workgroup final report submitted to the department  
 93 19 on December 15, 2015.  
 93 20 f. A recommendation for any additional state funding needed  
 93 21 to establish a children's mental health crisis service system  
 93 22 in the defined area.  
 93 23 g. A recommendation for statewide standard requirements for  
 93 24 children's mental health crisis services, as defined in the  
 93 25 children's mental health and well-being workgroup final report  
 93 26 submitted to the department of human services on December 15,  
 93 27 2015, including but not limited to all of the following:  
 93 28 (1) Standardized primary care practitioner screenings.  
 93 29 (2) Standardized mental health crisis screenings.  
 93 30 (3) Standardized mental health and substance use disorder  
 93 31 assessments.  
 93 32 (4) Requirements for certain inpatient psychiatric  
 93 33 hospitals and psychiatric medical institutions for children to  
 93 34 accept and treat all children regardless of the acuity of their  
 93 35 condition.

94 1 4. Each grantee shall submit a report to the department by  
 94 2 December 15, 2016. The department shall combine the essentials  
 94 3 of each report and shall submit a report to the general  
 94 4 assembly by January 15, 2017, regarding the department's  
 94 5 conclusions and recommendations.

Directs the DHS to compile reports from each planning grant awardee and submit a full legislative report, including conclusions and recommendations, to the General Assembly by January 15, 2017.

94 6 Sec. 69. CHILDREN'S WELL-BEING LEARNING LABS. The  
 94 7 department of human services, utilizing existing departmental  
 94 8 resources and with the continued assistance of a private child  
 94 9 welfare foundation focused on improving child well-being, shall  
 94 10 study and collect data on emerging, collaborative efforts  
 94 11 in existing programs engaged in addressing well-being for  
 94 12 children with complex needs and their families in communities  
 94 13 across the state. The department shall establish guidelines  
 94 14 based upon recommendations in the children's mental health and  
 94 15 well-being workgroup final report submitted to the department  
 94 16 on December 15, 2015, to select three to five such programs  
 94 17 to be designated learning labs to enable the department  
 94 18 to engage in a multi-site learning process during the 2016  
 94 19 calendar year with a goal of creating an expansive structured  
 94 20 learning network. The department shall submit a report with  
 94 21 recommendations including lessons learned, suggested program  
 94 22 design refinements, and implications for funding, policy

Directs the DHS to study and collect data on existing children's programs across the state that address well-being for children with complex needs and their families. The DHS is to select three to five existing programs to serve as designated learning labs, and the DHS shall submit a report including lessons learned, policy changes, best practices, and recommendations to the General Assembly by January 15, 2017.

94 23 changes, and best practices to the general assembly by January  
94 24 15, 2017.

94 25 Sec. 70. DEPARTMENT OF HUMAN SERVICES — ADDITIONAL  
94 26 STUDY REPORTS. The department of human services shall, in  
94 27 consultation with the department of public health, the mental  
94 28 health and disability services commission, and the mental  
94 29 health planning council, submit a report with recommendations  
94 30 to the general assembly by December 15, 2016, regarding all of  
94 31 the following:

94 32 1. The creation and implementation of a statewide  
94 33 children’s mental health crisis service system to include but  
94 34 not be limited to an inventory of all current children’s mental  
94 35 health crisis service systems in the state including children’s  
95 1 mental health crisis service system telephone lines. The  
95 2 report shall include recommendations regarding proposed changes  
95 3 to improve the effectiveness of and access to children’s mental  
95 4 health crisis services.

95 5 2. The development and implementation of a children’s  
95 6 mental health public education and awareness campaign that  
95 7 targets the reduction of stigma for children with mental  
95 8 illness and that supports children with mental illness and  
95 9 their families in seeking effective treatment. The plan shall  
95 10 include potential methods for funding such a campaign.

95 11 Sec. 71. CHILDREN’S MENTAL HEALTH AND WELL-BEING ADVISORY  
95 12 COMMITTEE. The department of human services shall create and  
95 13 provide support to a children’s mental health and well-being  
95 14 advisory committee to continue the coordinated efforts of  
95 15 the children’s mental health subcommittee and the children’s  
95 16 well-being subcommittee of the children’s mental health  
95 17 and well-being workgroup. Consideration shall be given to  
95 18 continued service by members of the children’s mental health  
95 19 and well-being workgroup created pursuant to 2015 Iowa Acts,  
95 20 ch.137, and representatives from the departments of human  
95 21 services, public health, and education; the judicial branch;  
95 22 and other appropriate stakeholders designated by the director.  
95 23 The advisory committee shall do all of the following:

95 24 1. Provide guidance regarding implementation of the  
95 25 recommendations in the children’s mental health and well-being  
95 26 workgroup final report submitted to the department on December  
95 27 15, 2015, and subsequent reports required by this Act.

95 28 2. Select and study additional children’s well-being  
95 29 learning labs to assure a continued commitment to joint  
95 30 learning and comparison for all learning lab sites.

Directs the DHS, in consultation with the DPH, the Mental Health and Disability Services Commission, and the Mental Health Planning Council, to submit a legislative report with recommendations for a statewide children's mental health crisis service system, including current children's mental health crisis service systems and children's mental health crisis service system telephone lines, and a children's mental health public education and awareness campaign to the General Assembly by December 15, 2016

Creates the Children's Mental Health and Well-Being Advisory Committee to continue the efforts of the Children's Mental Health and Well-Being Workgroup. The advisory committee will select the three to five learning labs and guide the implementation of the Workgroup's recommendations.

95 33 Sec. 72. Section 147A.18, subsection 5, as enacted by 2016  
 95 34 Iowa Acts, Senate File 2218, section 3, is amended to read as  
 95 35 follows:

96 1 5. The department ~~shall~~ may adopt rules pursuant to chapter  
 96 2 17A to implement and administer this section, ~~including but~~  
 96 3 ~~not limited to standards and procedures for the prescription,~~  
 96 4 ~~distribution, storage, replacement, and administration of~~  
 96 5 ~~opioid antagonists, and for the training and authorization~~  
 96 6 ~~to be required for first responders to administer an opioid~~  
 96 7 ~~antagonist.~~

96 8 Sec. 73. OPIOID ANTAGONIST IMPLEMENTATION  
 96 9 CONTINGENCY. 2016 Iowa Acts, Senate File 2218, section  
 96 10 4, is amended by striking the section.

96 11 DIVISION XVII  
 96 12 NURSING GRANT PROGRAMS

96 13 Sec. 74. Section 135.178, Code 2016, is amended to read as  
 96 14 follows:

96 15 135.178 NURSE RESIDENCY STATE MATCHING GRANTS PROGRAM ———  
 96 16 ~~REPEAL~~ .

96 17 ~~1.~~ The department shall establish a nurse residency state  
 96 18 matching grants program to provide matching state funding  
 96 19 to sponsors of nurse residency programs in this state to  
 96 20 establish, expand, or support nurse residency programs that  
 96 21 meet standards adopted by rule of the department. Funding for  
 96 22 the program may be provided through the health care workforce  
 96 23 shortage fund or the nurse residency state matching grants  
 96 24 program account created in section 135.175. The department,  
 96 25 in cooperation with the Iowa board of nursing, the department  
 96 26 of education, Iowa institutions of higher education with board  
 96 27 of nursing-approved programs to educate nurses, and the Iowa  
 96 28 nurses association, shall adopt rules pursuant to chapter 17A  
 96 29 to establish minimum standards for nurse residency programs  
 96 30 to be eligible for a matching grant that address all of the  
 96 31 following:

96 32 ~~a.~~ 1. Eligibility requirements for and qualifications of  
 96 33 a sponsor of a nurse residency program to receive a grant,  
 96 34 including that the program includes both rural and urban  
 96 35 components.

97 1 ~~b.~~ 2. The application process for the grant.

97 2 ~~c.~~ 3. Criteria for preference in awarding of the grants.

97 3 ~~d.~~ 4. Determination of the amount of a grant.

97 4 ~~e.~~ 5. Use of the funds awarded. Funds may be used to pay  
 97 5 the costs of establishing, expanding, or supporting a nurse  
 97 6 residency program as specified in this section, including but  
 97 7 not limited to the costs associated with residency stipends and

CODE: Amends SF 2218 (Opioid Antagonist Authorization Act) to permit, rather than require, DPH to adopt rules to administer the Opioid Antagonist Authorization Act. Strikes the section that implements the act on the contingency of funding availability.

CODE: Eliminates the sunset date for the Nurse Residency state Matching Grant Program and the Iowa Needs Nurses Now Program.

97 8 nursing faculty stipends.  
97 9 ~~2. This section is repealed June 30, 2016.~~  
97 10 Sec. 75. Section 261.129, Code 2016, is amended to read as  
97 11 follows:  
97 12 261.129 IOWA NEEDS NURSES NOW INITIATIVE ~~—— REPEAL .~~  
97 13 1. Nurse educator incentive payment program.  
97 14 a. The commission shall establish a nurse educator  
97 15 incentive payment program. Funding for the program may be  
97 16 provided through the health care workforce shortage fund or the  
97 17 health care professional and Iowa needs nurses now initiative  
97 18 account created in section 135.175. For the purposes of this  
97 19 subsection, “nurse educator” means a registered nurse who holds  
97 20 a master’s degree or doctorate degree and is employed as a  
97 21 faculty member who teaches nursing in a nursing education  
97 22 program as provided in 655 IAC 2.6 at a community college, an  
97 23 accredited private institution, or an institution of higher  
97 24 education governed by the state board of regents.  
97 25 b. The program shall consist of incentive payments to  
97 26 recruit and retain nurse educators. The program shall provide  
97 27 for incentive payments of up to twenty thousand dollars for a  
97 28 nurse educator who remains teaching in a qualifying teaching  
97 29 position for a period of not less than four consecutive  
97 30 academic years.  
97 31 c. The nurse educator and the commission shall enter into an  
97 32 agreement specifying the obligations of the nurse educator and  
97 33 the commission. If the nurse educator leaves the qualifying  
97 34 teaching position prior to teaching for four consecutive  
97 35 academic years, the nurse educator shall be liable to repay  
98 1 the incentive payment amount to the state, plus interest as  
98 2 specified by rule. However, if the nurse educator leaves  
98 3 the qualifying teaching position involuntarily, the nurse  
98 4 educator shall be liable to repay only a pro rata amount of the  
98 5 incentive payment based on incompleting years of service.  
98 6 d. The commission, in consultation with the department  
98 7 of public health, the board of nursing, the department of  
98 8 education, and the Iowa nurses association, shall adopt rules  
98 9 pursuant to chapter 17A relating to the establishment and  
98 10 administration of the nurse educator incentive payment program.  
98 11 The rules shall include provisions specifying what constitutes  
98 12 a qualifying teaching position.  
98 13 2. Nursing faculty fellowship program.  
98 14 a. The commission shall establish a nursing faculty  
98 15 fellowship program to provide funds to nursing schools in the  
98 16 state, including but not limited to nursing schools located at  
98 17 community colleges, for fellowships for individuals employed  
98 18 in qualifying positions on the nursing faculty. Funding for  
98 19 the program may be provided through the health care workforce  
98 20 shortage fund or the health care professional and the Iowa

98 21 needs nurses now initiative account created in section 135.175.  
98 22 The program shall be designed to assist nursing schools in  
98 23 filling vacancies in qualifying positions throughout the state.  
98 24 b. The commission, in consultation with the department  
98 25 of public health, the board of nursing, the department of  
98 26 education, and the Iowa nurses association, and in cooperation  
98 27 with nursing schools throughout the state, shall develop a  
98 28 distribution formula which shall provide that no more than  
98 29 thirty percent of the available moneys are awarded to a single  
98 30 nursing school. Additionally, the program shall limit funding  
98 31 for a qualifying position in a nursing school to no more than  
98 32 ten thousand dollars per year for up to three years.  
98 33 c. The commission, in consultation with the department  
98 34 of public health, the board of nursing, the department of  
98 35 education, and the Iowa nurses association, shall adopt  
99 1 rules pursuant to chapter 17A to administer the program. The  
99 2 rules shall include provisions specifying what constitutes a  
99 3 qualifying position at a nursing school.  
99 4 d. In determining eligibility for a fellowship, the  
99 5 commission shall consider all of the following:  
99 6 (1) The length of time a qualifying position has gone  
99 7 unfilled at a nursing school.  
99 8 (2) Documented recruiting efforts by a nursing school.  
99 9 (3) The geographic location of a nursing school.  
99 10 (4) The type of nursing program offered at the nursing  
99 11 school, including associate, bachelor's, master's, or doctoral  
99 12 degrees in nursing, and the need for the specific nursing  
99 13 program in the state.  
99 14 3. Nurse educator scholarship program.  
99 15 a. The commission shall establish a nurse educator  
99 16 scholarship program. Funding for the program may be provided  
99 17 through the health care workforce shortage fund or the health  
99 18 care professional and the Iowa needs nurses now initiative  
99 19 account created in section 135.175. The goal of the nurse  
99 20 educator scholarship program is to address the waiting list of  
99 21 qualified applicants to Iowa's nursing schools by providing  
99 22 incentives for the training of additional nursing educators.  
99 23 For the purposes of this subsection, "nurse educator" means  
99 24 a registered nurse who holds a master's degree or doctorate  
99 25 degree and is employed as a faculty member who teaches nursing  
99 26 in a nursing education program as provided in 655 IAC 2.6 at  
99 27 a community college, an accredited private institution, or an  
99 28 institution of higher education governed by the state board of  
99 29 regents.  
99 30 b. The program shall consist of scholarships to further  
99 31 advance the education of nurses to become nurse educators. The  
99 32 program shall provide for scholarship payments in an amount  
99 33 established by rule for students who are preparing to teach in

99 34 qualifying teaching positions.

99 35 c. The commission, in consultation with the department  
100 1 of public health, the board of nursing, the department of  
100 2 education, and the Iowa nurses association, shall adopt rules  
100 3 pursuant to chapter 17A relating to the establishment and  
100 4 administration of the nurse educator scholarship program. The  
100 5 rules shall include provisions specifying what constitutes a  
100 6 qualifying teaching position and the amount of any scholarship.

100 7 4. Nurse educator scholarship-in-exchange-for-service  
100 8 program.

100 9 a. The commission shall establish a nurse educator  
100 10 scholarship-in-exchange-for-service program. Funding for the  
100 11 program may be provided through the health care workforce  
100 12 shortage fund or the health care professional and Iowa needs  
100 13 nurses now initiative account created in section 135.175. The  
100 14 goal of the nurse educator scholarship-in-exchange-for-service  
100 15 program is to address the waiting list of qualified applicants  
100 16 to Iowa's nursing schools by providing incentives for the  
100 17 education of additional nursing educators. For the purposes  
100 18 of this subsection, "nurse educator" means a registered nurse  
100 19 who holds a master's degree or doctorate degree and is employed  
100 20 as a faculty member who teaches nursing in a nursing education  
100 21 program as provided in 655 IAC 2.6 at a community college, an  
100 22 accredited private institution, or an institution of higher  
100 23 education governed by the state board of regents.

100 24 b. The program shall consist of scholarships to further  
100 25 advance the education of nurses to become nurse educators. The  
100 26 program shall provide for scholarship-in-exchange-for-service  
100 27 payments in an amount established by rule for students who  
100 28 are preparing to teach in qualifying teaching positions for a  
100 29 period of not less than four consecutive academic years.

100 30 c. The scholarship-in-exchange-for-service recipient  
100 31 and the commission shall enter into an agreement specifying  
100 32 the obligations of the applicant and the commission.  
100 33 If the nurse educator leaves the qualifying teaching  
100 34 position prior to teaching for four consecutive academic  
100 35 years, the nurse educator shall be liable to repay the  
101 1 scholarship-in-exchange-for-service amount to the state plus  
101 2 interest as specified by rule. However, if the nurse educator  
101 3 leaves the qualified teaching position involuntarily, the nurse  
101 4 educator shall be liable to repay only a pro rata amount of the  
101 5 scholarship based on incomplete years of service.

101 6 d. The receipt of a nurse educator  
101 7 scholarship-in-exchange-for-service shall not impact  
101 8 eligibility of an individual for other financial incentives  
101 9 including but not limited to loan forgiveness programs.

101 10 e. The commission, in consultation with the department  
101 11 of public health, the board of nursing, the department

101 12 of education, and the Iowa nurses association, shall  
 101 13 adopt rules pursuant to chapter 17A relating to the  
 101 14 establishment and administration of the nurse educator  
 101 15 scholarship-in-exchange-for-service program. The rules  
 101 16 shall include the provisions specifying what constitutes  
 101 17 a qualifying teaching position and the amount of any  
 101 18 scholarship-in-exchange-for-service.  
 101 19 ~~5. REPEAL. This section is repealed June 30, 2016.~~

101 20 Sec. 76. EFFECTIVE UPON ENACTMENT. This division of this  
 101 21 Act, being deemed of immediate importance, takes effect upon  
 101 22 enactment.

101 23 Sec. 77. RETROACTIVE APPLICABILITY. This division of this  
 101 24 Act is retroactively applicable to June 30, 2016.

101 25 DIVISION XVIII  
 101 26 NON-STATE GOVERNMENT-OWNED NURSING FACILITY UPPER PAYMENT LIMIT  
 101 27 SUPPLEMENTAL PAYMENT PROGRAM

101 28 Sec. 78. Section 249L.2, subsection 6, Code 2016, is amended  
 101 29 to read as follows:

101 30 6. "Nursing facility" means a licensed nursing facility as  
 101 31 defined in section 135C.1 that is a freestanding facility or  
 101 32 a nursing facility operated by a hospital licensed pursuant  
 101 33 to chapter 135B, but does not include a distinct-part skilled  
 101 34 nursing unit or a swing-bed unit operated by a hospital, or  
 101 35 a nursing facility owned by the state or federal government  
 102 1 ~~or other governmental unit.~~ "Nursing facility" includes a  
 102 2 non-state government-owned nursing facility if the nursing  
 102 3 facility participates in the non-state government-owned nursing  
 102 4 facility upper payment limit supplemental payment program.

102 5 Sec. 79. NON-STATE GOVERNMENT-OWNED NURSING FACILITY UPPER  
 102 6 PAYMENT LIMIT SUPPLEMENTAL PAYMENT PROGRAM.

102 7 1. The department of human services shall submit to the  
 102 8 centers for Medicare and Medicaid services (CMS) of the United  
 102 9 States department of health and human services, no later  
 102 10 than June 30, 2016, a Medicaid state plan amendment to allow  
 102 11 qualifying non-state government-owned nursing facilities to  
 102 12 receive a supplemental payment in accordance with the upper  
 102 13 payment limit requirements pursuant to 42 C.F.R. §447.272. The  
 102 14 supplemental payment shall be in addition to the greater of the  
 102 15 Medicaid fee-for-service per diem reimbursement rate or the  
 102 16 per diem payment established for the nursing facility under a  
 102 17 Medicaid managed care contract.

102 18 2. At a minimum, the Medicaid state plan amendment shall  
 102 19 provide for all of the following:

102 20 a. A non-state governmental entity shall provide the state

This Division is effective on enactment and applies retroactively to  
 June 30, 2016.

CODE: Redefines nursing facility to exclude non-state governmental  
 nursing facilities if the facility is participating in an upper payment limit  
 supplemental payment program.

Requires the DHS to submit a state Plan Amendment to the Centers  
 for Medicare and Medicaid Services (CMS) by June 30, 2016, to allow  
 qualifying non-state government-owned nursing facilities to receive a  
 supplemental payment in accordance with upper payment limit  
 requirements. The section sets specific criteria for the Program.

102 21 share of the expected supplemental payment in the form of an  
102 22 intergovernmental transfer to the state.

102 23 b. The state shall claim federal matching funds and shall  
102 24 make supplemental payments to eligible non-state governmental  
102 25 entities based on the supplemental amount as calculated by  
102 26 the state for each nursing facility for which a non-state  
102 27 governmental entity owns the nursing facility's license.

102 28 c. The supplemental payment program shall be budget neutral  
102 29 to the state. No general fund revenue shall be expended under  
102 30 the program including for costs of administration. If payments  
102 31 under the program result in overpayment to a nursing facility,  
102 32 or if CMS disallows federal participation related to a nursing  
102 33 facility's receipt or use of supplemental payments authorized  
102 34 under the program, the state may recoup an amount equivalent  
102 35 to the amount of supplemental payments overpaid or disallowed.

103 1 Supplemental payments shall be subject to any adjustment  
103 2 for payments made in error, including but not limited to  
103 3 adjustments made by state or federal law, and the state may  
103 4 recoup an amount equivalent to any such adjustment.

103 5 d. A nursing facility participating in the program shall  
103 6 notify the state of any changes in ownership that may affect  
103 7 the nursing facility's continued eligibility for the program  
103 8 within thirty days of any such change.

103 9 e. A portion of the supplemental payment paid to a  
103 10 participating nursing facility, not to exceed five percent,  
103 11 annually, may be used to pay contingent fees, consulting fees,  
103 12 or legal fees associated with the nursing facility's receipt  
103 13 of the supplemental funds, and any such expenditures shall be  
103 14 reported to the department of human services.

103 15 f. The supplemental payment paid to a participating nursing  
103 16 facility shall only be used as specified in state and federal  
103 17 law. Supplemental payments paid to a participating nursing  
103 18 facility shall only be used as follows:

103 19 (1) A portion of the amount received may be used for nursing  
103 20 facility quality improvement initiatives including but not  
103 21 limited to educational scholarships and nonmandatory training.  
103 22 Priority in the awarding of contracts for such training shall  
103 23 be for Iowa-based organizations.

103 24 (2) A portion of the amount received may be used for nursing  
103 25 facility remodeling or renovation. Priority in the awarding  
103 26 of contracts for such remodeling or renovations shall be for  
103 27 Iowa-based organizations and skilled laborers.

103 28 (3) A portion of the amount received may be used for health  
103 29 information technology infrastructure and software. Priority  
103 30 in the awarding of contracts for such health information  
103 31 technology infrastructure and software shall be for Iowa-based  
103 32 organizations.

103 33 (4) A portion of the amount received may be used for

103 34 endowments to offset costs associated with maintenance of  
 103 35 hospitals licensed under chapter 135B and nursing facilities  
 104 1 licensed under chapter 135C.  
 104 2 (5) A portion of the amount received may be used for  
 104 3 improved care coordination between participating nursing  
 104 4 facilities and hospitals.  
 104 5 g. A non-state governmental entity shall only be eligible  
 104 6 for supplemental payments attributable to up to 10 percent of  
 104 7 the non-state government-owned nursing facilities licensed in  
 104 8 the state.  
 104 9 3. Following receipt of approval and implementation of the  
 104 10 program, the department shall submit a report to the governor  
 104 11 and the general assembly, annually, on or before December 15,  
 104 12 regarding the program. The report shall include, at a minimum,  
 104 13 the name and location of participating non-state governmental  
 104 14 entities and the non-state government-owned nursing facilities  
 104 15 with which the non-state governmental entities have partnered  
 104 16 to participate in the program; the amount of the matching  
 104 17 funds provided by each non-state governmental entity; the net  
 104 18 supplemental payment amount received by each participating  
 104 19 non-governmental entity and non-state government-owned nursing  
 104 20 facility; and the amount expended for each of the specified  
 104 21 categories of approved expenditure.  
 104 22 4. As used in this section:  
 104 23 a. "Non-state governmental entity" means a hospital  
 104 24 authority, hospital district, health care district, city, or  
 104 25 county.  
 104 26 b. "Non-state government-owned nursing facility" means a  
 104 27 nursing facility for which a non-state governmental entity  
 104 28 holds the nursing facility's license and is party to the  
 104 29 nursing facility's Medicaid contract.

104 30 Sec. 80. EFFECTIVE UPON ENACTMENT. This division of this  
 104 31 Act, being deemed of immediate importance, takes effect upon  
 104 32 enactment.

The Division relating to the non-state government-owned nursing facility upper payment limit supplemental payment program is effective upon enactment.

104 33 Sec. 81. CONTINGENT IMPLEMENTATION. The section of this  
 104 34 division of this Act amending section 249L.2 shall only be  
 104 35 implemented upon receipt by the department of human services  
 105 1 of approval of the Medicaid state plan amendment by the  
 105 2 centers for Medicare and Medicaid services of the United States  
 105 3 department of health and human services.

The section amending the definition of nursing facility is contingent upon approval by CMS.

105 4 DIVISION XIX  
 105 5 CAREGIVER DESIGNATION

105 6 Sec. 82. NEW SECTION 144E.1 DEFINITIONS.

CODE: Creates a new Iowa Code chapter for Caregiver Designation

105 7 As used in this chapter, unless the context otherwise  
 105 8 requires:

105 9 1. "After-care assistance" means any assistance provided  
 105 10 by a caregiver to a patient following the patient's discharge  
 105 11 from a hospital that is related to the patient's condition  
 105 12 at the time of discharge, including but not limited to  
 105 13 assisting with basic activities of daily living, assisting  
 105 14 with instrumental activities of daily living, and performing  
 105 15 other tasks including but not limited to managing wound care,  
 105 16 assisting in the administering of medications, and operating  
 105 17 medical equipment, as determined to be appropriate by the  
 105 18 patient's discharging physician or other licensed health care  
 105 19 professional.

105 20 2. "Caregiver" means any individual designated as a  
 105 21 caregiver by a patient who provides after-care assistance to a  
 105 22 patient in the patient's residence. "Caregiver" includes but is  
 105 23 not limited to a relative, spouse, partner, friend, or neighbor  
 105 24 who has a significant relationship with the patient.

105 25 3. "Discharge" means a patient's exit or release from a  
 105 26 hospital to the patient's residence following an inpatient  
 105 27 admission.

105 28 4. "Entry" means a patient's admission into a hospital for  
 105 29 the purposes of receiving inpatient medical care.

105 30 5. "Facility" means a health care facility as defined in  
 105 31 section 135C.1, an elder group home as defined in section  
 105 32 231B.1, or an assisted living program as defined in section  
 105 33 231C.2.

105 34 6. "Hospital" means a licensed hospital as defined in  
 105 35 section 135B.1.

106 1 7. "Residence" means the dwelling that the patient considers  
 106 2 to be the patient's home. "Residence" does not include any  
 106 3 rehabilitation facility, hospital, nursing home, assisted  
 106 4 living facility, or group home licensed by the department of  
 106 5 inspections and appeals.

106 6 Sec. 83.NEW SECTION 144E.2 CAREGIVER — OPPORTUNITY TO  
 106 7 DESIGNATE.

106 8 1. a. A hospital shall provide each patient or, if  
 106 9 applicable, the patient's legal guardian with an opportunity  
 106 10 to designate at least one caregiver within twenty-four hours  
 106 11 following the patient's entry into a hospital, and prior to  
 106 12 the patient's discharge or transfer to another hospital or  
 106 13 facility.

106 14 b. If the patient is unconscious or otherwise incapacitated  
 106 15 upon entry into the hospital, the hospital shall provide the  
 106 16 patient or the patient's legal guardian with an opportunity to  
 106 17 designate a caregiver within twenty-four hours following the  
 106 18 patient's recovery of consciousness or capacity.

by a patient receiving health care services from a provider. This  
 Section establishes definitions for the chapter.

CODE: Creates a documented process for health care providers, or  
 their agents, to provide a patient with the opportunity to designate a  
 family member or other individual as a person who the provider may  
 discuss the patient's health care information with.

106 19 c. If the patient or legal guardian declines to designate  
 106 20 a caregiver, the hospital shall promptly document this  
 106 21 declination in the patient's medical record.  
 106 22 d. If the patient or the patient's legal guardian designates  
 106 23 an individual as a caregiver, all of the following shall apply:  
 106 24 (1) The hospital shall promptly request the written consent  
 106 25 of the patient or the patient's legal guardian to release  
 106 26 medical information to the patient's caregiver following the  
 106 27 hospital's established procedures for releasing personal health  
 106 28 information and in compliance with all federal and state  
 106 29 laws. If the patient or the patient's legal guardian declines  
 106 30 to consent to release medical information to the patient's  
 106 31 caregiver, the hospital shall not be required to provide notice  
 106 32 to the caregiver under section 144E.3 or to provide information  
 106 33 contained in the patient's discharge plan to the caregiver  
 106 34 under section 144E.4.  
 106 35 (2) The hospital shall record the patient's designation of  
 107 1 caregiver, the relationship of the caregiver to the patient,  
 107 2 and the name, telephone number, and address of the patient's  
 107 3 caregiver in the patient's medical record.  
 107 4 e. A patient or the patient's legal guardian may elect to  
 107 5 change the designation of the patient's caregiver at any time,  
 107 6 and the hospital shall record such change in the patient's  
 107 7 medical record prior to the patient's discharge.  
 107 8 2. The designation of a caregiver by a patient or a  
 107 9 patient's legal guardian does not obligate the designated  
 107 10 individual to perform any after-care assistance for the  
 107 11 patient.  
 107 12 3. This section shall not be construed to require a patient  
 107 13 or a patient's legal guardian to designate any individual as a  
 107 14 caregiver.

107 15 Sec. 84.NEW SECTION 144E.3 NOTIFICATION OF CAREGIVER.  
 107 16 A hospital shall notify the patient's caregiver of the  
 107 17 patient's discharge or transfer to another hospital or facility  
 107 18 as soon as possible upon issuance of a discharge or transfer  
 107 19 order by the patient's attending physician and prior to the  
 107 20 patient's actual discharge or transfer to another hospital or  
 107 21 facility. If the hospital is unable to contact the caregiver,  
 107 22 the lack of contact shall not interfere with, delay, or  
 107 23 otherwise affect the medical care provided to the patient, or  
 107 24 an appropriate discharge or transfer of the patient.

CODE: Requires a hospital to notify the caregiver of the patients discharge or transfer to another hospital as soon as possible.

107 25 Sec. 85.NEW SECTION 144E.4 INSTRUCTIONS TO CAREGIVER.  
 107 26 1. a. As soon as possible and prior to a patient's  
 107 27 discharge from a hospital, the hospital shall consult with the  
 107 28 caregiver along with the patient regarding the caregiver's  
 107 29 capabilities and limitations and issue a discharge plan that

CODE: Requires a hospital to consult with the caregiver and patient regarding the caregiver's capabilities and limitations regarding the patient's discharge plan. Establishes what should be contained in a written discharge plan and other discharge plan requirements.

107 30 describes the patient's after-care assistance needs at the  
 107 31 patient's residence. At a minimum, the discharge plan shall  
 107 32 include:

107 33 (1) The name and contact information of the caregiver.

107 34 (2) A description of all after-care assistance tasks  
 107 35 necessary to maintain the patient's ability to reside at the  
 108 1 patient's residence.

108 2 (3) Contact information for any health care, community  
 108 3 resource, and long-term services and supports necessary to  
 108 4 successfully carry out the patient's discharge plan.

108 5 b. If the hospital is unable to contact the caregiver,  
 108 6 the lack of contact shall not interfere with, delay, or  
 108 7 otherwise affect the medical care provided to the patient, or  
 108 8 an appropriate discharge or transfer of the patient.

108 9 2. The hospital issuing the discharge plan shall offer  
 108 10 to provide a caregiver with instructions for all after-care  
 108 11 assistance tasks described in the discharge plan. At a  
 108 12 minimum, this instruction shall include:

108 13 a. A live demonstration or video instruction of the  
 108 14 after-care tasks, performed by a hospital employee or  
 108 15 an individual with whom the hospital has a contractual  
 108 16 relationship, who has the appropriate education and competency  
 108 17 in the task to be performed and is authorized to perform the  
 108 18 task, in a culturally-competent manner and in accordance with  
 108 19 the hospital's requirements to provide language access services  
 108 20 under state and federal law.

108 21 b. An opportunity for the caregiver to ask questions about  
 108 22 the after-care assistance tasks.

108 23 c. Answers to the caregiver's questions provided in  
 108 24 a culturally-competent manner and in accordance with the  
 108 25 hospital's requirements to provide language access services  
 108 26 under state and federal law.

108 27 Sec. 86.NEW SECTION 144E.5 ADOPTION OF RULES.  
 108 28 The department of inspections and appeals, in consultation  
 108 29 with the department of public health, may adopt rules pursuant  
 108 30 to chapter 17A to administer this chapter including but not  
 108 31 limited to rules to further define the content and scope of any  
 108 32 instructions provided to caregivers under this chapter.

CODE: Permits the Department of Inspection and Appeals, in consultation with the DPH, to adopt rules related to this chapter.

108 33 Sec. 87.NEW SECTION 144E.6 CONSTRUCTION OF CHAPTER  
 108 34 RELATIVE TO OTHER HEALTH CARE DIRECTIVE.

108 35 Nothing in this chapter shall be construed to interfere with  
 109 1 the rights of an agent operating under a valid durable power of  
 109 2 attorney for health care pursuant to chapter 144B.

CODE: Specifies that this chapter cannot be construed to interfere with the rights under Iowa Code chapter [144B](#) that covers Durable Power of Attorney.

109 3 Sec. 88.NEW SECTION 144E.7 LIMITATIONS.

109 4 1. Nothing in this chapter shall be construed to create

CODE: Specifies the following:

109 5 a private right of action against a hospital, a hospital  
 109 6 employee, or any consultant or contractor with whom a hospital  
 109 7 has a contractual relationship, or to limit or otherwise  
 109 8 supersede or replace existing rights or remedies under any  
 109 9 other provision of law.  
 109 10 2. Nothing in this chapter shall delay the appropriate  
 109 11 discharge or transfer of a patient.  
 109 12 3. Nothing in this chapter shall be construed to interfere  
 109 13 with or supersede a health care provider's instructions  
 109 14 regarding a Medicare-certified home health agency or any other  
 109 15 postacute care provider.  
 109 16 4. Nothing in this chapter shall be construed to grant  
 109 17 decision-making authority to a caregiver to determine the type  
 109 18 of provider or provider of the patient's posthospital care as  
 109 19 specified in the patient's discharge plan.

109 20 DIVISION XX  
 109 21 TRAUMA CARE SYSTEM

109 22 Sec. 89. Section 147A.23, subsection 2, paragraph c, Code  
 109 23 2016, is amended to read as follows:

109 24 c. Upon verification and the issuance of a certificate of  
 109 25 verification, a hospital or emergency care facility agrees  
 109 26 to maintain a level of commitment and resources sufficient  
 109 27 to meet responsibilities and standards as required by the  
 109 28 trauma care criteria established by rule under this subchapter.  
 109 29 Verifications are valid for a period of three years or as  
 109 30 determined by the department and are renewable. As part of  
 109 31 the verification and renewal process, the department may  
 109 32 conduct periodic on-site reviews of the services and facilities  
 109 33 of the hospital or emergency care facility. However, the  
 109 34 department shall not decrease a hospital's trauma care  
 109 35 services categorization level for which a hospital was issued  
 110 1 a certificate of verification prior to July 1, 2015, unless  
 110 2 the hospital subsequently fails to maintain the requirements  
 110 3 existing at the time of the issuance of the certification of  
 110 4 verification for that categorization level of trauma care  
 110 5 services.

110 6 Sec. 90. EFFECTIVE UPON ENACTMENT. This division of this  
 110 7 Act, being deemed of immediate importance, takes effect upon  
 110 8 enactment.

110 9 Sec. 91. RETROACTIVE APPLICABILITY. This division of this  
 110 10 Act applies retroactively to June 30, 2015.

110 11 DIVISION XXI  
 110 12 MENTAL HEALTH AND DISABILITY SERVICES REGIONS — FUNDING  
 110 13 Sec. 92. MENTAL HEALTH AND DISABILITY SERVICES REGIONS —

- This chapter cannot be used to create a private right of action against a hospital, hospital employee, or contractor of a hospital.
- This chapter cannot delay the appropriate discharge or transfer of a patient.
- This chapter cannot interfere with or supersede a health care providers instructions regarding a Medicare-Certified Home Health Agency.
- This chapter cannot be construed to grant decision-making authority to a caregiver to determine the type of provider or a specific provider of the patient's posthospital care as developed in the discharge plan.

CODE: Grandfathers in any hospital's Trauma Care Service Categorization Level achieved before July 1, 2015, as long as the hospital continues to meet the requirements existing at that time.

This Division takes effect upon enactment and applies retroactively to June 30, 2015.

110 14 FUNDING.

110 15 1. There is appropriated from the general fund of the  
110 16 state to the department of human services for the fiscal year  
110 17 beginning July 1, 2016, and ending June 30, 2017, the following  
110 18 amount, or so much thereof as is necessary, to be used for the  
110 19 purpose designated:

110 20 For a grant to a five-county mental health and disability  
110 21 services region with a population of between 290,000 to 300,000  
110 22 as determined by the latest federal decennial census, for the  
110 23 provision of mental health and disability services within the  
110 24 region:

110 25 ..... \$ 1,000,000

110 26 The moneys appropriated in this subsection are contingent  
110 27 upon the continuation of sustainable service funding  
110 28 relationships between all counties in the region for the fiscal  
110 29 year beginning July 1, 2016, and ending June 30, 2017. The  
110 30 department and the region shall enter into a memorandum of  
110 31 understanding regarding the use of the moneys by the region  
110 32 prior to the region's receipt of moneys under this subsection.

110 33 2. There is appropriated from the general fund of the  
110 34 state to the department of human services for the fiscal year  
110 35 beginning July 1, 2016, and ending June 30, 2017, the following  
111 1 amount, or so much thereof as is necessary, to be used for the  
111 2 purpose designated:

111 3 For a grant to a single-county mental health and disability  
111 4 services region with a population of over 350,000 as determined  
111 5 by the latest federal decennial census, for the provision of  
111 6 mental health and disability services:  
111 7 ..... \$ 2,000,000

111 8 The department shall work with the region awarded moneys  
111 9 pursuant to this subsection to complete a three-year  
111 10 sustainable cash flow funding plan for the delivery of mental  
111 11 health and disability services in the region to be submitted to  
111 12 the department by November 15, 2016. The department and the  
111 13 region shall enter into a memorandum of understanding regarding  
111 14 the use of the moneys and detailing the provisions of the plan  
111 15 prior to the region's receipt of moneys under this subsection.

111 16 3. The department shall distribute moneys appropriated  
111 17 in this section within 60 days of the date of signing of the  
111 18 memorandum of understanding between the department and each  
111 19 region.

111 20 4. Moneys awarded under this section shall be used by the  
111 21 regions consistent with each region's service system management  
111 22 plan as approved by the department.

General Fund appropriation to the DHS to be distributed to the Eastern Iowa Mental Health and Disability Services Region.

DETAIL: This is a new appropriation for FY 2017. The funds are intended to help maintain stability in the region and are contingent upon the region signing a memorandum of understanding regarding the use of the money prior to receipt.

General Fund appropriation to the DHS to be distributed to Polk County Mental Health and Disability Services Region.

DETAIL: This is a new appropriation for FY 2017. Polk County is required to work with DHS on a three-year funding plan for sustainable services.

Requires the funds appropriated in the section are to be distributed within 60 days of the date a memorandum of understanding is signed between the region and the DHS.

Specifies funds appropriated in the section are to be used by the region in a manner that is consistent with each regions services system management plan.

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111	23	DIVISION XXII	
111	24	MENTAL HEALTH AND DISABILITY SERVICES REDESIGN PROGRESS REPORT	
111	25	Sec. 93. MENTAL HEALTH AND DISABILITY SERVICES REDESIGN	Requires the DHS to review report the progress of the implementation
111	26	PROGRESS REPORT. The department of human services shall review	of the Adult Mental Health and Disability Services System redesign to
111	27	and report progress on the implementation of the adult mental	Governor, and General Assembly by November 15, 2016.
111	28	health and disability services redesign and shall identify	
111	29	any challenges faced in achieving the goals of the redesign.	
111	30	The progress report shall include but not be limited to	
111	31	information regarding the mental health and disability services	
111	32	regional service system including governance, management, and	
111	33	administration; the implementation of best practices including	
111	34	evidence-based best practices; the availability of, access	
111	35	to, and provision of initial core services and additional	
112	1	core services to and for required core service populations	
112	2	and additional core service populations; and the financial	
112	3	stability and fiscal viability of the redesign. The department	
112	4	shall submit its report with findings to the governor and the	
112	5	general assembly no later than November 15, 2016.	

## Summary Data General Fund

	Actual FY 2015 <u>(1)</u>	Estimated FY 2016 <u>(2)</u>	House Subcom FY 2017 <u>(3)</u>	House Sub vs. Est 2016 <u>(4)</u>	Page and Line # <u>(5)</u>
Health and Human Services	\$ 1,903,078,965	\$ 1,833,474,878	\$ 1,836,973,531	\$ 3,498,653	
<b>Grand Total</b>	<b><u><u>\$ 1,903,078,965</u></u></b>	<b><u><u>\$ 1,833,474,878</u></u></b>	<b><u><u>\$ 1,836,973,531</u></u></b>	<b><u><u>\$ 3,498,653</u></u></b>	

## Health and Human Services General Fund

	Actual FY 2015 <u>(1)</u>	Estimated FY 2016 <u>(2)</u>	House Subcom FY 2017 <u>(3)</u>	House Sub vs. Est 2016 <u>(4)</u>	Page and Line # <u>(5)</u>
<b><u>Aging, Dept. on</u></b>					
<b>Aging, Dept. on</b>					
Aging Programs	\$ 11,419,732	\$ 11,399,732	\$ 11,436,066	\$ 36,334	PG 1 LN 3
Office of LTC Resident's Advocate	929,315	1,276,783	1,276,783	0	PG 3 LN 13
Food Security for Older Individuals	250,000	0	0	0	
<b>Total Aging, Dept. on</b>	<b>\$ 12,599,047</b>	<b>\$ 12,676,515</b>	<b>\$ 12,712,849</b>	<b>\$ 36,334</b>	
<b><u>Public Health, Dept. of</u></b>					
<b>Public Health, Dept. of</b>					
Congenital & Inherited Disorders Registry	\$ 215,055	\$ 232,500	\$ 232,500	\$ 0	
Addictive Disorders	27,263,690	27,263,690	26,988,690	-275,000	PG 4 LN 5
Healthy Children and Families	4,046,602	4,617,543	5,593,774	976,231	PG 8 LN 14
Chronic Conditions	5,155,692	4,955,692	4,930,692	-25,000	PG 10 LN 23
Community Capacity	8,737,910	8,821,335	7,739,136	-1,082,199	PG 12 LN 33
Healthy Aging	7,297,142	7,297,142	7,297,142	0	PG 18 LN 24
Environmental Hazards	803,870	0	0	0	
Infectious Diseases	1,335,155	1,335,155	1,335,155	0	PG 18 LN 31
Public Protection	3,287,127	4,339,191	4,399,191	60,000	PG 19 LN 3
Resource Management	855,072	855,072	1,005,072	150,000	PG 20 LN 1
<b>Total Public Health, Dept. of</b>	<b>\$ 58,997,315</b>	<b>\$ 59,717,320</b>	<b>\$ 59,521,352</b>	<b>\$ -195,968</b>	
<b><u>Veterans Affairs, Dept. of</u></b>					
<b>Veterans Affairs, Department of</b>					
General Administration	\$ 1,095,951	\$ 1,200,546	\$ 1,200,546	\$ 0	PG 21 LN 10
Vets Home Ownership Program	2,500,000	2,500,000	2,500,000	0	PG 22 LN 3
Veterans County Grants	990,000	990,000	990,000	0	PG 22 LN 10
<b>Total Veterans Affairs, Department of</b>	<b>\$ 4,585,951</b>	<b>\$ 4,690,546</b>	<b>\$ 4,690,546</b>	<b>\$ 0</b>	
<b>Veterans Affairs, Dept. of</b>					
Iowa Veterans Home	\$ 7,594,996	\$ 7,594,996	\$ 7,594,996	\$ 0	PG 21 LN 26
<b>Total Veterans Affairs, Dept. of</b>	<b>\$ 12,180,947</b>	<b>\$ 12,285,542</b>	<b>\$ 12,285,542</b>	<b>\$ 0</b>	

## Health and Human Services General Fund

	Actual FY 2015 <u>(1)</u>	Estimated FY 2016 <u>(2)</u>	House Subcom FY 2017 <u>(3)</u>	House Sub vs. Est 2016 <u>(4)</u>	Page and Line # <u>(5)</u>
<b>Human Services, Dept. of</b>					
<b>Assistance</b>					
Family Investment Program/JOBS	\$ 48,693,875	\$ 48,673,875	\$ 48,673,875	\$ 0	PG 29 LN 34
Medical Assistance	1,309,486,529	1,303,191,564	1,315,246,446	12,054,882	PG 33 LN 10
Medical Contracts	17,148,576	19,613,964	17,045,964	-2,568,000	PG 41 LN 7
State Supplementary Assistance	14,121,154	12,997,187	11,611,442	-1,385,745	PG 43 LN 6
State Children's Health Insurance	45,877,998	20,413,844	9,176,652	-11,237,192	PG 44 LN 5
Child Care Assistance	36,303,944	51,408,668	36,389,561	-15,019,107	PG 44 LN 23
Child and Family Services	94,857,554	85,341,938	88,944,956	3,603,018	PG 47 LN 28
Adoption Subsidy	42,580,749	42,998,286	43,046,664	48,378	PG 54 LN 5
Family Support Subsidy	1,079,739	1,073,932	1,069,282	-4,650	PG 55 LN 6
Conners Training	33,632	33,632	33,632	0	PG 55 LN 32
Volunteers	84,686	84,686	84,686	0	PG 61 LN 2
MHDS Equalization	30,555,823	0	0	0	
Child Abuse Prevention	215,125	232,570	232,570	0	
Juv CINA/Female Adjud Delinquent Placements	2,000,000	0	0	0	
MHDS Regional Funding	1,040,000	0	0	0	
Mental Health Grant - Eastern Iowa	0	0	1,000,000	1,000,000	PG 110 LN 20
Mental Health Grant - Polk County	0	0	2,000,000	2,000,000	PG 110 LN 33
<b>Total Assistance</b>	<u>\$ 1,644,079,384</u>	<u>\$ 1,586,064,146</u>	<u>\$ 1,574,555,730</u>	<u>\$ -11,508,416</u>	
<b>Toledo Juvenile Home</b>					
Toledo Juvenile Home	\$ 507,766	\$ 0	\$ 0	\$ 0	
<b>Eldora Training School</b>					
Eldora Training School	\$ 12,358,285	\$ 12,233,420	\$ 12,233,420	\$ 0	PG 47 LN 4
<b>Cherokee</b>					
Cherokee MHI	\$ 6,031,934	\$ 5,545,616	\$ 14,644,041	\$ 9,098,425	PG 56 LN 18
<b>Clarinda</b>					
Clarinda MHI	\$ 6,787,309	\$ 0	\$ 0	\$ 0	
<b>Independence</b>					
Independence MHI	\$ 10,484,386	\$ 10,324,209	\$ 18,552,103	\$ 8,227,894	PG 56 LN 25
<b>Mt Pleasant</b>					
Mt Pleasant MHI	\$ 1,417,796	\$ 0	\$ 0	\$ 0	

## Health and Human Services General Fund

	Actual FY 2015 <u>(1)</u>	Estimated FY 2016 <u>(2)</u>	House Subcom FY 2017 <u>(3)</u>	House Sub vs. Est 2016 <u>(4)</u>	Page and Line # <u>(5)</u>
<b>Glenwood</b>					
Glenwood Resource Center	\$ 21,695,266	\$ 21,524,482	\$ 20,719,486	\$ -804,996	PG 57 LN 5
<b>Woodward</b>					
Woodward Resource Center	\$ 14,855,693	\$ 14,583,806	\$ 14,053,011	\$ -530,795	PG 57 LN 9
<b>Cherokee CCUSO</b>					
Civil Commitment Unit for Sexual Offenders	\$ 9,923,563	\$ 9,893,079	\$ 10,193,079	\$ 300,000	PG 58 LN 15
<b>Field Operations</b>					
Child Support Recoveries	\$ 14,911,230	\$ 14,663,373	\$ 14,663,373	\$ 0	PG 32 LN 4
Field Operations	61,170,976	58,920,976	54,442,877	-4,478,099	PG 59 LN 6
<b>Total Field Operations</b>	<u>\$ 76,082,206</u>	<u>\$ 73,584,349</u>	<u>\$ 69,106,250</u>	<u>\$ -4,478,099</u>	
<b>General Administration</b>					
DHS Facilities	\$ 0	\$ 0	\$ 2,879,274	\$ 2,879,274	PG 60 LN 25
Commission of Inquiry	0	1,394	1,394	0	
Nonresident Commitment Mental Illness	5,766	142,802	142,802	0	
General Administration	15,072,302	14,898,198	15,373,198	475,000	PG 59 LN 22
<b>Total General Administration</b>	<u>\$ 15,078,068</u>	<u>\$ 15,042,394</u>	<u>\$ 18,396,668</u>	<u>\$ 3,354,274</u>	
<b>Total Human Services, Dept. of</b>	<u>\$ 1,819,301,656</u>	<u>\$ 1,748,795,501</u>	<u>\$ 1,752,453,788</u>	<u>\$ 3,658,287</u>	
<b>Total Health and Human Services</b>	<u><u>\$ 1,903,078,965</u></u>	<u><u>\$ 1,833,474,878</u></u>	<u><u>\$ 1,836,973,531</u></u>	<u><u>\$ 3,498,653</u></u>	

### Summary Data Other Funds

	<u>Actual FY 2015 (1)</u>	<u>Estimated FY 2016 (2)</u>	<u>House Subcom FY 2017 (3)</u>	<u>House Sub vs. Est 2016 (4)</u>	<u>Page and Line # (5)</u>
Health and Human Services	\$ 435,212,954	\$ 431,519,494	\$ 439,096,213	\$ 7,576,719	
<b>Grand Total</b>	<u><u>\$ 435,212,954</u></u>	<u><u>\$ 431,519,494</u></u>	<u><u>\$ 439,096,213</u></u>	<u><u>\$ 7,576,719</u></u>	

## Health and Human Services Other Funds

	Actual FY 2015 <u>(1)</u>	Estimated FY 2016 <u>(2)</u>	House Subcom FY 2017 <u>(3)</u>	House Sub vs. Est 2016 <u>(4)</u>	Page and Line # <u>(5)</u>
<b>Human Services, Dept. of</b>					
<b>General Administration</b>					
FIP-TANF	\$ 6,281,222	\$ 5,136,995	\$ 5,112,462	\$ -24,533	PG 23 LN 2
Promise Jobs-TANF	10,232,340	10,138,178	5,575,693	-4,562,485	PG 23 LN 7
FaDDS-TANF	2,898,980	2,898,980	2,898,980	0	PG 23 LN 13
Field Operations-TANF	31,296,232	31,296,232	35,774,330	4,478,098	PG 23 LN 25
General Administration-TANF	3,744,000	3,744,000	3,744,000	0	
Child Care Assistance -TANF	41,210,239	35,047,110	46,866,826	11,819,716	PG 23 LN 31
MH/DD Comm. Services-TANF	4,894,052	4,894,052	0	-4,894,052	PG 24 LN 19
Child & Family Services-TANF	32,084,430	32,084,430	36,256,581	4,172,151	PG 24 LN 23
Child Abuse Prevention-TANF	125,000	125,000	125,000	0	PG 24 LN 26
Training & Technology-TANF	1,037,186	1,037,186	1,037,186	0	PG 25 LN 11
FIP Eligibility System-TANF	6,549,549	6,654,880	6,654,880	0	PG 25 LN 16
<b>Total General Administration</b>	<b>\$ 140,353,230</b>	<b>\$ 133,057,043</b>	<b>\$ 144,045,938</b>	<b>\$ 10,988,895</b>	
<b>Assistance</b>					
Pregnancy Prevention-TANF	\$ 1,930,067	\$ 1,930,067	\$ 1,930,067	\$ 0	PG 24 LN 29
Promoting Healthy Marriage - TANF	25,000	25,000	25,000	0	PG 26 LN 19
Medical Assistance - HCTF	223,277,860	222,100,000	219,890,000	-2,210,000	
Medical Contracts-Pharm Settlement - PhSA	5,467,564	2,002,176	1,300,000	-702,176	PG 70 LN 33
Medical Assistance - QATF	29,195,653	37,205,208	36,705,208	-500,000	PG 71 LN 12
Medical Assistance-HHCAT	34,570,769	34,700,000	34,700,000	0	PG 71 LN 27
Medicaid Supplemental - MFF	392,810	500,000	500,000	0	
<b>Total Assistance</b>	<b>\$ 294,859,724</b>	<b>\$ 298,462,451</b>	<b>\$ 295,050,275</b>	<b>\$ -3,412,176</b>	
<b>Total Human Services, Dept. of</b>	<b>\$ 435,212,954</b>	<b>\$ 431,519,494</b>	<b>\$ 439,096,213</b>	<b>\$ 7,576,719</b>	
<b>Total Health and Human Services</b>	<b>\$ 435,212,954</b>	<b>\$ 431,519,494</b>	<b>\$ 439,096,213</b>	<b>\$ 7,576,719</b>	

### Summary Data FTE Positions

	<u>Actual FY 2015</u> <u>(1)</u>	<u>Estimated FY 2016</u> <u>(2)</u>	<u>House Subcom FY 2017</u> <u>(3)</u>	<u>House Sub vs. Est 2016</u> <u>(4)</u>	<u>Page and Line #</u> <u>(5)</u>
Health and Human Services	<u>4,679.30</u>	<u>4,829.53</u>	<u>5,050.59</u>	<u>221.06</u>	
<b>Grand Total</b>	<u><u>4,679.30</u></u>	<u><u>4,829.53</u></u>	<u><u>5,050.59</u></u>	<u><u>221.06</u></u>	

## Health and Human Services

### FTE Positions

	Actual FY 2015 <u>(1)</u>	Estimated FY 2016 <u>(2)</u>	House Subcom FY 2017 <u>(3)</u>	House Sub vs. Est 2016 <u>(4)</u>	Page and Line # <u>(5)</u>
<b><u>Aging, Dept. on</u></b>					
<b>Aging, Dept. on</b>					
Aging Programs	25.50	27.02	31.00	3.98	PG 1 LN 3
Office of LTC Resident's Advocate	11.86	14.98	17.00	2.02	PG 3 LN 13
<b>Total Aging, Dept. on</b>	<b>37.35</b>	<b>42.00</b>	<b>48.00</b>	<b>6.00</b>	
<b><u>Public Health, Dept. of</u></b>					
<b>Public Health, Dept. of</b>					
Addictive Disorders	7.46	10.00	10.00	0.00	PG 4 LN 5
Healthy Children and Families	10.82	12.00	12.00	0.00	PG 8 LN 14
Chronic Conditions	4.45	5.00	5.00	0.00	PG 10 LN 23
Community Capacity	7.74	11.00	13.00	2.00	PG 12 LN 33
Environmental Hazards	3.54	0.00	0.00	0.00	
Infectious Diseases	1.77	4.00	4.00	0.00	PG 18 LN 31
Public Protection	127.52	136.00	137.00	1.00	PG 19 LN 3
Resource Management	2.98	4.00	4.00	0.00	PG 20 LN 1
<b>Total Public Health, Dept. of</b>	<b>166.30</b>	<b>182.00</b>	<b>185.00</b>	<b>3.00</b>	
<b><u>Veterans Affairs, Dept. of</u></b>					
<b>Veterans Affairs, Department of</b>					
General Administration	12.97	15.00	15.00	0.00	PG 21 LN 10
<b>Total Veterans Affairs, Dept. of</b>	<b>12.97</b>	<b>15.00</b>	<b>15.00</b>	<b>0.00</b>	
<b><u>Human Services, Dept. of</u></b>					
<b>Assistance</b>					
Family Investment Program/JOBS	8.03	10.00	0.00	-10.00	PG 29 LN 34
Child Care Assistance	3.44	0.00	0.00	0.00	PG 44 LN 23
Medical Assistance	13.38	15.00	0.00	-15.00	PG 33 LN 10
Medical Contracts	3.01	0.00	0.00	0.00	PG 41 LN 7
Child and Family Services	3.87	0.00	0.00	0.00	PG 47 LN 28
<b>Total Assistance</b>	<b>31.73</b>	<b>25.00</b>	<b>0.00</b>	<b>-25.00</b>	
<b>Eldora Training School</b>					
Eldora Training School	156.81	169.30	169.30	0.00	PG 47 LN 4

## Health and Human Services

### FTE Positions

	Actual FY 2015 <u>(1)</u>	Estimated FY 2016 <u>(2)</u>	House Subcom FY 2017 <u>(3)</u>	House Sub vs. Est 2016 <u>(4)</u>	Page and Line # <u>(5)</u>
<b>Cherokee</b>					
Cherokee MHI	164.90	169.20	169.20	0.00	PG 56 LN 18
<b>Clarinda</b>					
Clarinda MHI	75.23	0.00	0.00	0.00	
<b>Independence</b>					
Independence MHI	224.25	233.00	233.00	0.00	PG 56 LN 25
<b>Mt Pleasant</b>					
Mt Pleasant MHI	76.17	0.00	0.00	0.00	
<b>Glenwood</b>					
Glenwood Resource Center	802.32	846.12	846.12	0.00	PG 57 LN 5
<b>Woodward</b>					
Woodward Resource Center	594.38	642.47	642.47	0.00	PG 57 LN 9
<b>Cherokee CCUSO</b>					
Civil Commitment Unit for Sexual Offenders	93.16	132.50	132.50	0.00	PG 58 LN 15
<b>Field Operations</b>					
Child Support Recoveries	440.34	459.00	464.00	5.00	PG 32 LN 4
Field Operations	1,555.27	1,621.00	1,837.00	216.00	PG 59 LN 6
<b>Total Field Operations</b>	<u>1,995.60</u>	<u>2,080.00</u>	<u>2,301.00</u>	<u>221.00</u>	
<b>General Administration</b>					
General Administration	248.14	292.94	309.00	16.06	PG 59 LN 22
<b>Total Human Services, Dept. of</b>	<u>4,462.68</u>	<u>4,590.53</u>	<u>4,802.59</u>	<u>212.06</u>	
<b>Total Health and Human Services</b>	<u><u>4,679.30</u></u>	<u><u>4,829.53</u></u>	<u><u>5,050.59</u></u>	<u><u>221.06</u></u>	

# Summary Data

## General Fund

	Estimated FY 2016 <u>(1)</u>	Supp-House Subcom FY 2016 <u>(2)</u>	Estimated Net FY 2016 <u>(3)</u>
Health and Human Services	\$ 1,833,474,878	\$ 0	\$ 1,833,474,878
<b>Grand Total</b>	<u>\$ 1,833,474,878</u>	<u>\$ 0</u>	<u>\$ 1,833,474,878</u>

## Health and Human Services General Fund

	Estimated FY 2016 <u>(1)</u>	Supp-House Subcom FY 2016 <u>(2)</u>	Estimated Net FY 2016 <u>(3)</u>
<b><u>Aging, Dept. on</u></b>			
Aging, Dept. on			
Aging Programs	\$ 11,399,732	\$ 0	\$ 11,399,732
Office of LTC Resident's Advocate	1,276,783	0	1,276,783
<b>Total Aging, Dept. on</b>	<b>\$ 12,676,515</b>	<b>\$ 0</b>	<b>\$ 12,676,515</b>
<b><u>Public Health, Dept. of</u></b>			
Public Health, Dept. of			
Congenital & Inherited Disorders Registry	\$ 232,500	\$ 0	\$ 232,500
Addictive Disorders	27,263,690	0	27,263,690
Healthy Children and Families	4,617,543	0	4,617,543
Chronic Conditions	4,955,692	0	4,955,692
Community Capacity	8,821,335	0	8,821,335
Healthy Aging	7,297,142	0	7,297,142
Infectious Diseases	1,335,155	0	1,335,155
Public Protection	4,339,191	0	4,339,191
Resource Management	855,072	0	855,072
<b>Total Public Health, Dept. of</b>	<b>\$ 59,717,320</b>	<b>\$ 0</b>	<b>\$ 59,717,320</b>
<b><u>Veterans Affairs, Dept. of</u></b>			
Veterans Affairs, Department of			
General Administration	\$ 1,200,546	\$ 0	\$ 1,200,546
Vets Home Ownership Program	2,500,000	0	2,500,000
Veterans County Grants	990,000	0	990,000
<b>Total Veterans Affairs, Department of</b>	<b>\$ 4,690,546</b>	<b>\$ 0</b>	<b>\$ 4,690,546</b>
Veterans Affairs, Dept. of			
Iowa Veterans Home	\$ 7,594,996	\$ 0	\$ 7,594,996
<b>Total Veterans Affairs, Dept. of</b>	<b>\$ 12,285,542</b>	<b>\$ 0</b>	<b>\$ 12,285,542</b>

## Health and Human Services General Fund

	Estimated FY 2016 <u>(1)</u>	Supp-House Subcom FY 2016 <u>(2)</u>	Estimated Net FY 2016 <u>(3)</u>
<b>Human Services, Dept. of</b>			
<b>Assistance</b>			
Family Investment Program/JOBS	\$ 48,673,875	\$ -3,900,000	\$ 44,773,875
Medical Assistance	1,303,191,564	0	1,303,191,564
Medical Contracts	19,613,964	0	19,613,964
State Supplementary Assistance	12,997,187	-1,100,000	11,897,187
State Children's Health Insurance	20,413,844	0	20,413,844
Child Care Assistance	51,408,668	-10,000,000	41,408,668
Child and Family Services	85,341,938	0	85,341,938
Adoption Subsidy	42,998,286	0	42,998,286
Family Support Subsidy	1,073,932	0	1,073,932
Connors Training	33,632	0	33,632
Volunteers	84,686	0	84,686
Child Abuse Prevention	232,570	0	232,570
<b>Total Assistance</b>	<b>\$ 1,586,064,146</b>	<b>\$ -15,000,000</b>	<b>\$ 1,571,064,146</b>
<b>Eldora Training School</b>			
Eldora Training School	\$ 12,233,420	\$ 0	\$ 12,233,420
<b>Cherokee</b>			
Cherokee MHI	\$ 5,545,616	\$ 0	\$ 5,545,616
<b>Independence</b>			
Independence MHI	\$ 10,324,209	\$ 0	\$ 10,324,209
<b>Glenwood</b>			
Glenwood Resource Center	\$ 21,524,482	\$ 0	\$ 21,524,482
<b>Woodward</b>			
Woodward Resource Center	\$ 14,583,806	\$ 0	\$ 14,583,806
<b>Cherokee CCUSO</b>			
Civil Commitment Unit for Sexual Offenders	\$ 9,893,079	\$ 0	\$ 9,893,079
<b>Field Operations</b>			
Child Support Recoveries	\$ 14,663,373	\$ 0	\$ 14,663,373
Field Operations	58,920,976	0	58,920,976
<b>Total Field Operations</b>	<b>\$ 73,584,349</b>	<b>\$ 0</b>	<b>\$ 73,584,349</b>

## Health and Human Services General Fund

	Estimated FY 2016 <u>(1)</u>	Supp-House Subcom FY 2016 <u>(2)</u>	Estimated Net FY 2016 <u>(3)</u>
<b>General Administration</b>			
Commission of Inquiry	\$ 1,394	\$ 0	\$ 1,394
Nonresident Commitment Mental Illness	142,802	0	142,802
General Administration	<u>14,898,198</u>	<u>0</u>	<u>14,898,198</u>
<b>Total General Administration</b>	<u>\$ 15,042,394</u>	<u>\$ 0</u>	<u>\$ 15,042,394</u>
<b>Assistance</b>			
Medical Assistance	<u>\$ 0</u>	<u>\$ 15,000,000</u>	<u>\$ 15,000,000</u>
<b>Total Human Services, Dept. of</b>	<u>\$ 1,748,795,501</u>	<u>\$ 0</u>	<u>\$ 1,748,795,501</u>
<b>Total Health and Human Services</b>	<u><u>\$ 1,833,474,878</u></u>	<u><u>\$ 0</u></u>	<u><u>\$ 1,833,474,878</u></u>